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ESSAYS, CASES, AND SELECTIONS.

THE INSANITY OF REV. DANIEL HASKELL.

DANIEL HASKELL was the son of a farmer in Preston, Connecticut, where he was born in 1784. He graduated at Yale College, studied theology at Princeton, and was settled (1810) over a church in Burlington, Vermont. Here for eleven years he continued a faithful and much approved pastor. In 1821, he was chosen President of the University of Vermont. He had held this office, to general acceptance, about two years, when he was violently attacked with inflammatory rheumatism. "One of his limbs became exceedingly swollen and painful, and he was confined, by order of his physician, for a considerable time, entirely to his bed; but he, at length, impatiently broke away, declaring that he would not live in such a position any longer. By means of crutches he was enabled to walk back and forth in his room for exercise, which seemed to give him some relief; but it was observed by his family that he would often stop, as he passed the looking-glass, and remark, as he surveyed himself, that every thing looked strange; and he sometimes inquired of his wife if things did not look strange to her also. He continued in this state for some time; but as his limb grew better, his mind became more disturbed, until it terminated in decided derangement."

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"In consequence of the mental malady of which he now became the subject, he was separated from his family for many years." He lived in Western New York, and in Ohio,—and was placed in more than one institution in the hope of relief. He finally rejoined his family in Brooklyn, New York, where he passed the remainder of his days.

His strange and painful delusion is thus described by the intelligent lady who saw and knew more of its sad effects than any one else. He was "shut out—as he supposed—from a world of hope ; a wanderer, where, he could not tell ; sure only of this, that he had not passed the judgment. At the height of his malady there was a time (the night I well remember,) when he supposed himself to have passed out of this state of being ; he knew it, and knowing this fact, all hope for him was gone forever. Christ and his salvation were only offered to sinners in the world where he once was ;—he would not suffer himself to be deceived by false appearances ;—he would not believe a lie. You may suppose that in this state of mind, he would be incapable of doing any business, or of finding any enjoyment in present things. This was, for a time, the case ; his flesh wasted away, and he had the look of despair ; but it was not always so. In his latter years he was cheerful, and though he did not acknowledge any change of opinion, he lost, in a measure, the sense of his miserable condition, and found it almost impossible to realize what he supposed to be true. We said little to him on the subject, and he seemed not inclined to say much himself."

As in the similar cases of Simon Brown and William Cowper, this delusion, absolute and unhappy as it was, left unimpaired all the other operations of a strong and active intellect. This insane man could still reason and investigate. Schools and lyceums listened with interest and profit to his instructive discourse, and publishers were glad to avail themselves of his abilities and learning. In 1843, he published, in connection with another, a *Gazetteer of the United States*, and the last years of his life were busily occupied in editing *McCulloch's Geographical Dictionary*. He had also a decided mechanical turn, and gave much of his time, with great apparent interest, to the construction of apparatus for schools.

Mr. Haskell and his family belonged in Brooklyn to the First Presbyterian church, of which the Rev. Samuel Hansen Cox was pastor. This distinguished clergyman, to whom Mr. Haskell was thus become well known, says that "he was a man of great strength and soundness of mind (with a single exception;)" that he was distinguished for his attainments in science, literature, general reading, well digested thought and theological erudition; that he was a person of deep and genuine piety; beneficent and useful in the whole tenor of his life. He was a profound mathematician and astronomer, and occupied much of his leisure time, in the almost twelve years that I was his pastor, as well as before, in exploring the wonders of that magnificent science; in preparing and manufacturing globes, planetariums, instruments, and learned helps for its prosecution; in studying history, chronology and antiquities; always engaged and seeming to abhor idleness." "His words were few; his conversation rather reserved. He seemed to court solitude rather than society."

Dr. Cox very justly supposes that physical and cerebral derangement was the proximate cause of Mr. Haskell's mental delusion. "Its operation," he thinks, "became religious, as in the case of Cowper, incidentally." He suggests, moreover, that the malady may have been exasperated by intense study, by profound and anxious thought—perhaps by some mistaken views of Christian doctrine. The particular form of the delusion is thus stated by Dr. Cox. "He thought he was dead, since some definite epoch gone by; that he was no longer a prisoner of hope or probationer for eternity; that it was in some other world, not this, he formerly lived; that he was there a rebel—selfish, disobedient, antagonistic to his God; and that hence God had removed him into another state, where he was then remaining, although it was a wonder and a mystery! Hence he would not pray. It would be wickedness and impiety for him to attempt it.

"Sometimes Mr. Haskell would forget his mania, interested in some object or topic of conversation. But any reference made to it, or recollection of it by himself, at once restored his melancholy con-

sistency, as the solemn contraction of his countenance always evinced. Once, in conversation, it suddenly thundered, after a very vivid flash of lightning, interrupting the course of thought and speech. As he was thus abruptly stopped in the midst of cheerful talk, one of the company asked him if that was not very much like real thunder and lightning. The absurdity struck him, and he said, with an involuntary smile, 'It seems very like what I remember in the world where I once was.'

"His mania was quite incurable. It was indeed the most perfect illustration of monomania, or insanity on one point only, that I ever knew. On all other subjects, especially when he forgot, he was sane, sensible, learned, instructive, and engaging. He loved his friends, and seemed ever to have on his spirit a clear and subduing sense of the ubiquity and supremacy of God."

Dr. Sprague inserts also a letter from Professor Hough, of Middlebury College, which testifies to Mr. Haskell's excellent qualities of mind and character. Alluding to his malady, Dr. Hough remarks: "It may not be easy to ascertain very distinctly the origin, though my impression has always been that it was the result of metaphysical investigations, and particularly of an earnest attention to Berkeley's ideal theory." In quoting the opinion of the learned professor, let it not be supposed that we indorse it.

We shall close this brief account of a remarkable and interesting case, in the words of Mrs. Haskell.

"The last year of his life his health gradually declined. He seemed to wear out. He was quiet, placid, in patience possessing his soul, evidently awaiting the day of his appointed time till his change should come. A change, he knew, must come. What communications the God of all power and grace made to his darkened soul, who can tell? He did ask me to pray with him; and prayer had been one of those privileges which were not for him. After some days of increased weakness, he was (after taking a bath) seized with violent spasms. He never spoke again, and on the 9th of August, 1848, he passed away, we are confident, to the place where there is no darkness at all, and where, in the certainty of

waking bliss, he will remember no more the tribulation through which he made his passage into the kingdom of heaven. We buried him in our beautiful Greenwood."

For farther particulars, see "Annals of the American Pulpit," by Rev. Dr. Sprague.

PATHOLOGICAL NOTES. By J. WORKMAN, M. D.

Read before the Association of Medical Superintendents of American Institutions for the Insane.

[Concluded from Vol. XV, page 22.]

First stage, Bright's disease ; oil globules ; sudden death.

P. M. 90.—Margaret C., aged 68 years ; a native of Scotland, was admitted June 1st, 1854. She was married, and had been the mother of nine children. She was stated to have been insane for three years prior to her admission ; and I learned from her family that she had been very troublesome, owing to her wandering and restless propensity, and that they had pursued rather a harsh course in restraining this tendency. Her habits were found to be very filthy and untidy ; and no persuasion or artifice could induce her to wear other dress than her long night-gown and her bed-blanket. Whenever she could get the chance, she would run out of her room, and parade the corridor. She scarcely ever spoke more than the words, "take me hame," "I'll go wi' you,"—and to whatever question was put to her, she could find no reply longer than *yes*, or *no*, which she seemed to use indifferently. She was constantly chewing rags ; and procured these from the nearest articles present ; as her bed-quilts, blankets, sheets, &c.

She continued in this condition for the two years and four months which elapsed between her admission and death. On the 4th of October, 1856, whilst taking her tea, she swooned and expired,—no premonition whatever of the event having been given.

Post-mortem.—The meninges of the brain were opaque and thickened. A considerable quantity of serum was found on the surface of the brain, in the ventricles, and in the theca vertebralis. The grey matter appeared much wasted. The general substance of the brain was soft; but this was the condition of all the tissues of the body. Muscular fibre appeared to have been supplanted by soft adipose matter. Firm pleuritic adhesions tied the posterior surface of the left lung to the chest. On its anterior surface, beneath the pleural envelope, five or six stellated cartilaginous deposits were found. The blood which flowed from the heart and the large vessels, showed a thick stratum of oil globules floating on its surface. The kidneys were slightly enlarged, and highly congested, being probably in the first stage of Bright's disease.

Query.:—Is the suddenness of this woman's death ascribable to the oil globules in the blood?

P. M. 86.—William B., aged at his decease 46 years; a native of Scotland; by occupation a laborer; was first admitted in 1846. His insanity was ascribed to fright from a thunder-storm, which in all probability bore the same relation to his malady as the majority of the assigned causes of insanity in other cases do; namely that of coincidence.

He was four times discharged, and as often readmitted. His last entrance was on the 24th March, 1856. Upwards of two years had then elapsed from the date of his last discharge; and I am aware that in that period he had continued rational and industrious, supporting himself by his daily labor. He was last brought to the asylum from the city of Toronto gaol, in which he appeared to have suffered much discomfort. He appeared greatly debilitated; his legs and feet were enormously swollen by dropsical effusion, and the abdomen was considerably distended. The pulse was full and quick, but the action of the heart and lungs was regular. The urine was scanty and high colored, and was found to be loaded with albumen. The skin was dry and husky, and the countenance haggard.

A warm bath was first ordered; after which he had, each eight hours, three times, the following powder; R. Pulv. Dov. gr. v.; tart.

ant. gr. $\frac{1}{2}$; s-m. hydr. gr. ss. These were followed by a dose of pulv. jalap. comp. Copious biliary evacuations resulted. The urine became abundant and clear, and shewed little albumen. The dropsical enlargements disappeared, and the patient was able to walk about. He was however enjoined to keep his bed; but he evinced great waywardness, and would not comply with the instruction. He exposed himself to cold draughts. A relapse of his dropsical symptoms ensued; rapid vital prostration took place; he became semicomatose, and died on the 5th May, 1856.

The *post-mortem* showed the integuments of the cranium to be thick, and loaded with adipose tissue. The dura mater and arachnoid were opaque, tough, and thick. The pia mater was injected with arterial blood, and was easily separated from the brain. The cortical substance was almost white. In other respects the brain presented nothing abnormal. Both lungs were strongly bound to the ribs by old adhesive bands, of about an inch in breadth, by half an inch in length. The pulmonary tissue was sound. The heart showed no trace of disease. The liver was enlarged, and showed marks of former inflammation. In the gall bladder were found four small concretions of a brown color. The intestines were healthy. The left kidney was fully three times the natural size. It was soft and completely transformed in substance; being a mere fatty mass, nearly as white as suet: oil globules were seen in the tubuli, and pelvis.

The right kidney was not so large, but was in a more advanced stage of disease. The process of atrophy had evidently set in. It was softer and whiter than the left; and felt in the fingers almost as yielding as so much fresh pork-fat.

Dr. Bucknill states that Bright's disease of the kidney is very unfrequent in the insane. In his own practice, he says, he had never met with a single case, and he appears to have heard of only one in the circle of his enquiries. I would remark that the widely differing conditions of the organ, at various stages of the disease, may lead to failure in its identification. The case which I have just detailed was unquestionably Bright's disease; and I have little doubt that the one (case 90) preceding was also a true case. The pathological

conditions of the kidneys, in each, were very dissimilar, and indicated very different stages of diseased action. It is to be regretted that a closer concurrence of medical opinion, than yet obtains, as to the essential characteristics of Bright's disease, has not been arrived at. It is probably very seldom that an opportunity is met with, of observing the pathological state of the kidneys, in its period of incubation. Dr. Bovell, of Toronto, in his evidence before a coroner's inquest, a few year's ago, in a case of sudden death, gave it as his opinion, that the deceased person had been laboring under Bright's disease, in the first stage; and that the sudden death resulted from the toxic influence of oil globules in the blood. He stated that in the *post-mortem* examination, he had seen and pointed out these globules to his associates. Other medical witnesses ascribed the man's death to an over-dose of morphia—and it appeared to me, at the time, that their view of the case was correct. The death was not, as in my patient's case, instantaneous, but was preceded by several hours of coma. I am now inclined to regard Dr. Bovell's opinion as not very unreasonable.

Fracture of neck of femur, within the capsular ligament.

P. M. 111.—Mary M., aged 68, a little, feeble, and very amiable woman, who had been an asylum inmate for nearly nine years, in the end of August, lost her balance in the water-closet, fell on the left side, and was unable to rise. When raised, she could not stand on the left leg.

On examination I found the usual indications of fracture of the cervix femoris. Any attempt at surgical treatment, by splints or extension, would have been futile; as the waywardness of the patient could not have been overcome. She was kept in bed, and had generous support. Before the accident she had been sensibly approaching the natural period of existence; and this injury must have accelerated the issue. Great difficulty was encountered in combatting the tendency to formation of bed-sores; for which purpose I found dry Fuller's earth, liberally dusted on the threatened parts, and an occasional washing with diluted tinct. myrrhæ, the best applications.

The patient gradually wore out, and died on the 23d of November, 1856.

The autopsy was confined to an examination of the fracture. An incision was made from the great trochanter across the acetabulum. A piece of the trochanter about seven-eighths of an inch long had been broken off, and was found quite detached from the process. The cervix femoris was transversely fractured at the plane of junction of the globular head with the neck of the femur; the fracture was therefore completely within the capsular ligament. The round ligament was sound; very little extravasation was observed in or around the fracture. The spicular surfaces of the bone had undergone considerable detrition, especially in the central parts. Not the slightest indication of even an attempt at reunion was shown.

Four other cases of fracture of the neck of the thigh bone, from falls on the side, have taken place during the five years of my residence in the asylum; three of which have resulted in union of some sort, with shortening equal to one inch and a half. One of these has been in a woman, who was 75 years old at the time of the accident. The fourth case occurred in a man aged 66 years. This patient died of pulmonary and cardiac disease six months after the accident.

The following is an abstract from the *post-mortem* record. "On making the requisite exposure of parts, I was surprised to find that a very trivial pressure on the ischiatic ramus fractured it across, below its union with the pubic ramus. On examining the bone closely, it was found completely softened, dark colored, and friable; and this condition extended over the whole ischium, including its acetabular portion. The scalpel could be introduced with little force into the thick part of the bone, as deep as the blade of the instrument. The contiguous portions of the pubic and iliac bones shared in the softening, but to a far less extent. On opening the capsular ligament, and introducing the finger, the fracture was discovered to be comminuted and transverse, and situated close to the base of the globular head of the femur. The globular head still occupied the cotyloid cavity, but its outer half had been absorbed. Nothing approaching

to bony union, nor indeed to any sort of union, had been effected. I reserved the ischium and acetabulum with the parts affected, and four inches of the shaft of the femur, for preparation; and presented it to the Professor of Surgery in the Toronto School of Medicine.

No doubt many similar cases are met with in lunatic asylums, where a multitude of infirm, aged, and diseased people are always resident. In some instances, proper surgical appliances, and quiescence of the injured parts, are practicable; in others, however, from the mental tendencies of our patients, quite out of our power. In only one of the five cases which have occurred in the Toronto Asylum, was I able to effect the desired object. I believe, however, the results would not have been different, in either the survivors, or those who succumbed.

Mania.—Cases in which the state of the brain alone is given.

In the following sixteen cases, one half of which were of chronic insanity, and the other half of recent acute mania, I have confined the details to the *post-mortem* appearances of the brain, chiefly because in the chronic cases the cerebral lesions had been of long duration, and had but trivially, if at all, affected the physical condition of the patients; whilst in the acute cases the cerebral condition and accompanying disease were, with one or two exceptions, such as to render prolongation of life impossible.

It is probably accordant with general observation, that, in chronic insanity, death seldom results from disease of the brain; and that in acute insanity the contrary fact obtains. It would be a very interesting and important fact, to know the extent of cerebral disease, in acute insanity, which is compatible, either with recovery of reason, or continuance of life. The trivial lesions of the brain found in the majority of chronic cases, seem to me to indicate the conclusion, that few cases of acute mania, in which the brain is prominently involved, terminate even in the chronic form; whilst the manifestations of formidable disease, long existent in other organs, show how overwhelming have been the extra cerebral agencies, by which that imperfect general health which prolongs insanity has been kept up.

P. M. 4.—Elizabeth K., aged 49. This was a case of chronic insanity. The patient had been, at her death, four years at the asylum. She died of phthisis pulmonalis. The state of the brain was found to be as follows: pia mater very vascular; lateral ventricles contained about half an ounce of serum, each. The cineritious and medullary portions of the brain normal.

P. M. 18.—Rachel C., aged 70. Insanity of many years duration; died four months after admission from senile exhaustion. State of the brain as follows: cranium remarkably thick and brittle; dura mater thickened. A few ounces of fluid between dura mater and arachnoid. Arachnoid and pia mater thick and opaque; gray matter very pale, but in due quantity.

P. M. 24.—Patrick C.; insanity of ten years' duration, or upwards; ascribed to "*insolation*;" died suddenly from rupture of the left lung, and consequent hemorrhage. State of the brain: dura mater firmly adherent to the cranium, through the medium of elevated glandulæ pachioni, and by other connections. Pia mater unusually vascular; the cerebrum unduly soft throughout. The vertebral, internal carotid, basilar, cerebral, and cerebellar arteries were all transformed by cretaceous deposit, and were hard and brittle. The choroid plexus was loaded with florid blood. The ventricles contained a small quantity of serum.

P. S. The bronchi were in the same state of cretaceous consolidation as the arteries of the brain. The heart was double the natural size.

P. M. 35.—George G.; insanity of eight years' duration. Meninges of the brain thick and opaque; cerebrum and cerebellum both soft, and serous effusion around the latter.

Note.—The patient was a masturbator.

P. M. 36.—James M., aged 36; insanity of over twelve years' duration. Died of cancer of the stomach. The pia mater and cerebrum very vascular; plexus vasculosa numerous and prominent. Nothing further.

P. M. 39.—Patrick McG.; insanity of a few years' duration; died of pulmonary phthisis. Dura mater firmly adherent to cranium,

without enlargement of the glandule pacchioni. Pia mater rather vascular; slight serous effusion on the cerebellum. No fluid in the ventricles.

P. M. 59.—Benjamin A.; insanity of about ten year's duration; died rather suddenly of hydrothorax, and hydropericardium. The brain was found covered with layers of coagulated lymph. A small quantity of serum was effused at the base. The lateral ventricles contained about four ounces of dark colored serum. The gray matter was defective, and the whole brain was rather soft.

P. M. 61.—James H.; insanity of about two years' duration; lyphemania; the patient died of phthisis. The brain appeared free from disease of any sort.

P. M. 1.—Samuel T., aged 61; insanity of eleven weeks duration; said to be first attack; died from exhaustion and diarrhœa. The meninges of the brain showed traces of chronic inflammation. The cineritious substance of the cerebellum unusually dark and soft, whilst that of the cerebrum was whitened and pulpy. The ventricles contained considerable fluid.

P. M. 4.—Jane M., aged 30; insanity of five months duration; died of brain fever, caused by grief at parting with her son, who visited her in the Asylum. The meninges and choroid plexus much congested; very little fluid in the ventricles. The brain was in all other respects free from diseased appearance.

Note.—The mesenteric glands were in a highly diseased state. The lungs were not tuberculous. The liver and spleen were much enlarged.

P. M. 5.—T. H., insanity of thirteen weeks duration; religious mania. The patient had taken an abortive dose of arsenic, which left the stomach and bowels severely diseased, and ultimately produced death, by dysentery. The meninges of the brain were very vascular, and slight effusion of serum had taken place in the ventricles. In other respects the brain appeared healthy.

P. M. 8.—W. McN., aged 60; insanity of eight weeks duration; *morbus Belli*. Meninges of the brain very vascular, and the vessels all much congested. The whole cerebral mass was so much soft-

ened as to render its dissection very difficult. The gray and the white matter were in due proportion. The cerebellum was in the same vascular and softened state.

P. M. 14.—T. McK., aged 35; insanity of six months duration; violent acute mania. Chronic thickening of the meninges. The entire brain much softened.

Note.—The lungs, liver, and mesenteric glands tuberculous. The patient died of exhaustive diarrhœa.

P. M. 23.—Thomas R., aged 45; insanity of six weeks duration; first attack. This patient showed the early symptoms of general paralysis,—in the muscles of the tongue, and of the right extremities. He was violent, restless, noisy, and very mischievous. In two weeks after admission he became subject to frequent attacks of diarrhœa, which were temporarily controlled by opiates. On the thirtieth day after admission the diarrhœa recurred with great severity: hiccup presently accompanied it, to relieve which counter-irritants and stimulants were employed. He rapidly sank, and died next day, but was not comatose.

The dura mater was found firmly adherent, over the glandulæ pæchioni, to the cranium. The arachnoid was slightly thickened and opaque. The pia mater was very vascular: large blood-vessels were seen coursing through it in all directions, and most remarkably abundant in the fissure of Sylvius. The gray matter of the cerebrum was very soft, and apparently much wasted. The white parts were preternaturally hard, tough, and freely injected with blood. The choroid plexus was highly congested.

The pons varolii and medulla oblongata were very hard and vascular. The fibres of the pons could be distinctly traced, owing to their hardness, and their separation by enlarged capillaries. The only important trace of disease, external to the brain, was in the capsule of the right kidney, which was vascular and congested. The bladder, the left lobe of the prostate gland, and the substance of both kidneys, gave indications of former inflammatory disease.

P. M. 51.—W. S., aged 46; insanity of six weeks duration; previous habits intemperate: died of exhaustion. The surface of the

brain was covered with lymphic deposit. The vessels of the meninges and brain very full of blood. The cortical portion abundant and of proper consistence. Medullary portion quite normal. Slight effusion of serum in the ventricles.

P. M. 83.—J. H., aged 51; insanity of three weeks duration; first attack; furious mania, ending in exhaustion and death. The cranial bones were pinky, from engorgement of their minute blood-vessels. All the membranes were loaded with arterial blood, and the appearance of the pia mater was especially interesting. The surface of the brain showed lymphic deposits. The substance of the cerebrum was quite consistent, but its vessels were engorged.

Exostosis within the cranium.

P. M. 12.—M. H., aged 35; admitted from the city gaol, Oct. 27, 1853. This woman was irritable, querulous, persistently declamatory against all the world. Her intellect was morbidly acute, but her feelings were much perverted. Her past life and associations had perhaps been such as to lead her to think harshly of her fellow beings. She was a married woman, and had several children, for whom her affection was very strong, if we might judge by the severity of her accusations against those who had separated her from them. It was discovered, *post-mortem*, that she was affected with gonorrhea, as deep and extensive vulvular and vaginal ulcerations, with copious purulent effusion, existed.

The chief object of interest in the autopsy was an osseous formation, in tabular form, about one and one-half inch long, by one inch broad, reaching lengthwise along the fissure of the falx, within the dura mater, and attached to the cranium, immediately above and posterior to the crista galli. This plate, at its distal or posterior margin, was folded over at right angles, and thus penetrated the anterior right lobe of the cerebrum for some distance. Along its entire surface the cerebrum was found transformed into a highly congested vascular mass. The exostosis was itself highly colored, and not very firm. The patient died in a state of exhaustion, supervening upon a slight diarrhea. No loss of muscular power, and no coma, were observed.

P. M. 15.—Ann D., was admitted 28th September, 1853. She was then aged 17, and was stated to have been insane nine years. She was found to be subject to syncopal epilepsy. She died from exhaustion five weeks after admission, no doubt thus fulfilling the chief object of those who sent her to the institution, for she was half dead on arrival.

At the base of the brain a little serous effusion was found. The cerebrum was indurated. The medullary and cineritious portions were in normal relation. A spicula of bone resembling a cock's spur, and over one-fourth of an inch in length was situate on the posterior part of the left supra-orbital plate, and projected into the base of the brain. The lungs were adherent by old pleuritic membranes. The pericardium was enormously distended with water. The external surface of the heart was covered with fringes of lymph, and the interior of the pericardium was similarly coated. The liver was tawny and enlarged. The intestines had the inflammatory aspect so frequently observed in similar cases.

P. M. 114.—Elizabeth B., aged 37; a tall, majestic, and interesting maniac; was admitted 20th September, 1856. The malady was deeply hereditary. She had jet black hair, bald on the crown; was subject to furious paroxysms with each catamenial disturbance, and weakening menorrhagic discharges. Between these attacks she had pulmonary hemorrhage. She died April 15th, 1858.

The brain showed no marks of inflammation, but the ventricles contained about three ounces of water. The entire brain-substance was very soft. At the base of the cranium, on both supra-orbital plates, several spinous projections were found. Four were on the right side, and were each about three-sixteenths of an inch in length. At several other spots along the base, similar projections were met with, but not so round or pointed. The projections had produced no visible injury of the brain. The lungs and mesenteric glands exhibited tubercular disease to an extent which I have never seen exceeded.

The liver also abounded in tubercles. The spleen was very small. The left ovary was embedded in inflammatory products. The right

ovary was similarly affected, but to a less extent. The uterus was healthy, and of normal size.

Dr. Bucknill states that "in four hundred examinations of persons dying insane, including a large proportion of epileptics, he found cranial exostosis in only one instance,—that of an epileptic man, subject to violent attacks of mania." I have found the preceding three instances of exostosis in one hundred and fourteen *post-mortem* examinations. Only one of the patients had been epileptic, and in her case the exostosis was less than in the other two, who were free of epilepsy.

Depression of the skull ; epilepsy ; loss of language-

P. M. 73.—Jacob S., was admitted 12th Dec. 1846, at the age of 21. In his fourteenth year, when at work in the woods, he was struck on the crown of the head by a branch falling from a tree. Fracture of the skull was stated to have resulted, and a permanent depression in form of an inverted cone, with a base of about three-fourths of an inch in diameter, and a depth of nearly the same extent, was left a little anterior to the posterior fontanelle, on the line of the sagittal suture. Epilepsy and extreme mental imbecility resulted. After continuing in this state for seven years he was brought to the Asylum. He was found to be addicted to masturbation. The faculty of language was almost totally obliterated. He was never heard to articulate more than half a dozen different words, as "Jacob Spohn good boy"—"that's good," &c., &c. His gait was tottering, slow, and dragging. When spoken to, he looked with a stupid, wild stare, as if making an effort to comprehend what was said to him, and to reply. His command of the sphincters, or perception of his natural wants, was extremely defective ; and even when he obeyed evacuant calls, he would not discriminate between his chamber vessel and the floor. At an early period of my observation I discovered that the lungs were tubercular ; the right one being nearly consolidated. For a year prior to his death he coughed and expectorated much, and had frequent attacks of hæmoptysis, some of which were very threatening from the copiousness of the discharge, and bronchial ob-

struction to breathing. For several days preceding dissolution his breathing seemed to be entirely diaphragmatic.

The autopsy was made 13 hours after death. On opening the head, the conical depression before mentioned was found to be devoid of bony tissue, and a fibrous membrane occupied the orifice. The cerebrum beneath the opening was very vascular and soft. The paccchionian bodies were numerous and large. The membranes appeared thickened and opaque. Very little fluid was found. The gray and the white matter were in due proportion, and the brain might be said in all other respects to be free from disease. The right lung was full of excavated tubercular masses. The left lung was in a less advanced stage of destruction. Both were firmly bound to the costal walls by old adhesions. The abdomen contained a good deal of dropsical effusion. The liver was enlarged and tawny, and adherent to the colon by strong fibrous bands. All the other viscera were healthy.

In this case there is every reason to believe the epilepsy was consequent upon the injury of the brain, and the continued depression of the skull. Whether this result might have been averted by the use of the trephine is a matter of some uncertainty. I have in the Asylum another male epileptic, in whom the disease resulted from the same cause, but the depression was on the forehead. The depressed bone was removed, and the epileptic fits ceased; but after a few months they returned, and have now continued for many years. In both patients the faculty of language has been almost obliterated; but in each the part of the brain compressed, or injured, has been very different.

In the case of the deceased patient, the pressure of the brain against the depressed bone had effected the removal of the offending substance; yet the epilepsy perpetuated itself by the force of habit. The fact that the patient survived the injury, and that the brain, after death, was found but trivially diseased, would indicate unusual cerebral insusceptibility. It is however to be observed that the osseous depression was on the median line, and on the course of the great longitudinal sinus. Had the pressure been exerted on any

part of the surface of either hemisphere of the cerebrum, the result must have been very different. I have seen a man fall from the top of a four story building, whose descent was by stages, from floor to floor, and come off with a depression of the cranium, into which I freely passed my finger as far as the first joint, exactly at the same spot as that depressed in Spohn's case. The late Dr. Arnoldi of Montreal was called to him, and gave him a glass of strong whiskey. Nothing further of any importance was done. Several years after he was employed as a city watchman, and was strong, active, and free from any cerebral trouble.

Malignant tumors within and outside the cranium.

P. M. 93.—Janet K., was admitted Jan., 1849, at the age of 45. No history of her case is on record. I understand that she was one of a family of seven children, all imbecile, and that a brother, congenitally blind, is a patient in the male wards. She had occasional fits of passionate crying; but in the intervals she was quiet. Her life was little more than a vegetative existence. The scalp presented several tumors which she was unwilling to have examined, and she seemed to suffer pain from pressure on them. A large tumor had long existed beneath the masseter muscle, at the angle of the lower jaw. She was a most unpromising subject for any sort of surgical operation, and therefore, I presume it had been deemed advisable not to interfere with any of these formations. Her feet, ankles, and hands were deformed by enlargements of the joints, and every thing connected with her case clearly indicated hereditary degeneracy.

She died 22nd October, 1856, aged 52 years. She had apparently reached the limits of existence, and attained a more advanced age than she could outside an asylum.

Post-mortem.—Upon laying open the tumor on the lower maxillary bone, it was found to be a melanotic mass of disintegrated tissue, almost destitute of cohesion. The only portion of the bone remaining firm was about an inch at the chin; the rest was broken down in the general diseased mass. The parotid and lower maxillary glands were transformed, and advanced in malignant degeneracy.

The palatal bones and tissues were also involved, and the disease had penetrated to the base of the skull.

The cranium was found thick and hard, and devoid of diplöe. The external tumors, when stripped of integument, were of a pinkish hue, and very vascular; and for some distance around each the soft and bony structures were vascular and reddened: an elevated zone in the bone surrounded the base. Two of the tumors had absorbed the outer osseous table, and nearly penetrated the cranium. A third had completely eroded both tables, and made an orifice as large as a half-dollar, and had involved in diseased action the dura mater within. On removing the calvarium, a tumor of similar character was found attached to the dura mater on the inferior margin of the parietal bone, and had completely removed both tables. No elevation was here observed externally during life, consequently no suspicion of the existence of this internal growth had arisen. Between the arachnoid and pia mater about a wine-glass full of bloody fluid was found diffused. The cerebrum was much indurated in every part, and presented few traces of gray matter. The cerebellum was normal. The thoracic and abdominal viscera were healthy, with the exception of a cyst, about the size of an almond, at the lowest point of the right lung. This cyst contained pus. The transverse colon was depressed towards the umbilicus.

THE LEGAL DOCTRINE OF RESPONSIBILITY IN CASES
OF INSANITY, CONNECTED WITH ALLEGED CRIMI-
NAL ACTS. READ BEFORE THE JURIDICAL SOCIETY, BY FORBES
WINSLOW, M. D., D. C. L.

[From the Journal of Psychological Medicine.]

I WILL, without any prefatory remarks, and with great submission to those whom I have the honor to address, endeavor to direct the attention of the Society to the following salient and relevant questions connected with the important subject selected for discussion.

I will consider *seriatim*:—

- 1st. The nature of insanity in its medico-legal relations.
- 2nd. The legal doctrine of responsibility in connection with insanity associated with alleged criminal acts.
- 3rd. The doctrine of partial insanity, or monomania.
- 4th. The existence of homicidal insanity and insane irresistible impulses.

5th. Anomalous or mixed cases of mental disorder, involving the question of modified responsibility and the propriety of punishment.

There is no fallacy more generally entertained by those who have had but limited opportunities of studying or becoming practically acquainted with the phenomena of insanity, than that, in the great majority of cases, the disease consists, in its elementary and *essential features*, in a disorder of the *intellectual*, as contradistinguished from a derangement of the *moral* faculties of the mind; that the intellect is in a condition of *aberration*; that the *ideas* are *perverted*; that the senses convey illusory images to the sensorium; that the perceptions are false, the mind being invariably under the dominion of some creation of the distempered fancy; in other words, that delusions or hallucinations are always present in every case of fully developed insanity.

This is the popular and, I may add, the generally received notion of mental derangement.

This mistaken view of the nature of insanity has, I believe, led to much discrepancy and conflict of opinion in our courts of law respecting the legal question of responsibility in connexion with certain cases of imputed alienation of mind.

In all the great criminal trials involving a consideration of this question, the judges have almost invariably laid a stress on the presence or absence of *delusion*; associating it, however, with the question, "Is the person whose mind is said to be insane, capable of distinguishing right from wrong?"

In the case "*Bainbridge v. Bainbridge*," Lord Campbell admitted that insanity might exist without delusion. I have no doubt other judges, if they have not propounded literally the same doctrine, have practically acknowledged its truth, by sanctioning the acquittal of prisoners on the ground of insanity unassociated with any obvious delusion or affection of the reasoning powers.

It is difficult for an inexperienced person to realise the great medical truth, that disease of the mind, and disease of a serious character, may exist *without any appreciable aberration of the ideas, or apparent impairment of what are termed the intellectual powers*. I do not refer to conditions of morbid mental exaltation, often dependent upon a transitory congestion of the blood-vessels on the surface of the brain, or to that mental depression so frequently consequent upon an obstruction to the free circulation of the blood through the heart, or even to the extravagance of thought and conduct exhibited in many cases of unrecognized insanity; but to positive creations of the morbid fancy, to delusive images leading the person to believe that to exist which no sane person would believe to exist, and which, in reality, has no existence apart from himself and his distempered imagination.

In the majority of cases, the premonitory stage of insanity is evidenced by some palpable disorder of the affections, temper, propensities, moral sense, character, and conduct of the individual. This may exist for a long period before any positive aberration of the ideas is recognized.

It is unusual for delusions to exist in the early stage of mental

derangement. The poison of insanity, if I may use the term, seizes, in the first instance, hold of the moral powers of the mind, and the disease often runs its course without obviously deranging the ideas, perceptions, or apparently impairing the integrity of the intellectual operations. Men talk coherently, and often with great shrewdness and sagacity, and they occasionally write rationally whilst in an indisputable condition of mental aberration of such a kind and degree as clearly to absolve them from all legal responsibility.

Although, as Dr. Pritchard justly observes, "the intellectual faculties in every case of well-marked insanity are more or less involved;" and this will be apparent when I address myself to the question of partial insanity and the metaphysical doctrine of the indivisibility of the mind and unity of the consciousness; still he allows that "in reality the *moral character* is more affected than the *understanding*." In other words, he maintains that the salient, prominent, characteristic, and diagnostic symptoms of insanity are not to be sought for in those faculties of the mind by which (to speak with metaphysical exactness) *we appreciate the perception of relation*; but in those states and conditions of the intellect more immediately associated with the moral sense, the *affective* or *motive* faculties, the *passions*, *affections*, and *appetites*. As a general rule, insanity implicates those powers of the mind which are supposed to regulate the actions and conduct. The intellectual as well as the moral faculties (from the nature of the constitution of the human mind) are in all cases of insanity to a certain degree disordered; but the affection of the *reason*, the *judgment*, and *reflection*, does not in many cases stand out in bold and prominent relief, so as to constitute well-marked legal or medical diagnostic indications of the actual state of the mind when affected by disease. If this be a true theory of insanity, it will be apparent that, in estimating the actual condition of the mind in connection with the question of legal responsibility, we must not confine our attention to the question, whether the *ideas* are perverted or in a state of positive aberration or derangement; whether the senses are under the influence of sub-

jective or objective morbid psychical phenomena, in the form of hallucinations or illusions; but the important point for consideration should be, what is the state of the *affective* or *motive* powers? what is the condition of the *volition*? and to what degree has the mental disease destroyed the healthy power of self-control over the thoughts and actions? If delusions are present—if hallucinations and illusions can be detected, the diagnosis is greatly simplified; but although delusions and aberration of the ideas often exist, *they must not be viewed as the essential or the exclusive diagnostic symptoms of a diseased and irresponsible mind.* If a man is said to be insane, the immediate question is, what are his delusions? If evidence is given of insanity in a court of justice, the same question is often put to the witness.

I do not complain of this course of interrogation; but I argue, *that by always searching for delusions and hallucinations, or some form of aberration and derangement of the mental operations,* we are diverted from the legitimate and philosophical course of inquiry, and a case of insanity, and insanity clearly inducing a state of criminal irresponsibility, eludes our observation.

I proceed to consider, secondly, "*the legal doctrines of irresponsibility in connection with alleged criminal acts.*"

This necessarily compels me to direct the attention of the Society to the lucid, logical, and able paper on Insanity in its Legal Relations, read by Mr. Fitzjames Stephen in the month of June, 1855, and since published in the Transactions of this Society. This gentleman, when speaking of legal tests of insanity, argues that medical men have no right to charge the judges with having propounded a falacious "*test*" of insanity, or with inconsistency in excusing the insane on the one hand, whilst on the other they apply a criterion bringing nearly all those who are insane within the range of the law. The judges, it is said, have laid down no test of insanity whatever—that they have been most scrupulously cautious and careful in committing themselves to any thing like a test of insanity. Instead of so doing, Mr. Stephen affirms they have merely laid down tests of *responsibility*, or, more strictly speaking, have specified facts

from which, when juries have found them, judges are to infer malice; but it is no part of their duty to say how far particular diseases affect the relation of persons to such tests; that, in the language of Mr. Justice Maule, is a question not of law but of physiology, and one not of that obvious nature to be inferred without proof. The tests of insanity, as I can conceive, propounded in our courts of law, are as follows, viz. :—

1st. That of the presence of delusion.

2nd. Of delusion directly associated with the criminal act.

3rd. A capability of distinguishing between what is lawful and unlawful—the capacity of knowing right from wrong, good from evil.

All these legal *criteria* of insanity necessarily involve in their elucidation the question of responsibility.

It is true, as Mr. Stephen argues, that, stripped of all technicalities, the transaction, as between the criminal arraigned for the crime and the prosecution, stands thus :—

The prosecutor says, "I charge this man with having voluntarily and wickedly killed A. B." The prisoner replies, "I did kill him, but not voluntarily or wickedly; for I was compelled by the involuntary action of my muscles, and exercised no volition in the matter; or, I was prevented by disease from distinguishing good from evil, and, therefore, could not act wickedly." But does not this trial of the question, whether the accused, by reason of his incapacity, could not act feloniously, unavoidably raise the questions, what is the nature of this incapacity? how is it manifested? what are its symptoms? is it partial or general incapacity? is it associated or dissociated with delusions? does the mental disorder destroy the prisoner's power of distinguishing between what is "lawful and unlawful," "good and evil," "right and wrong?" Am I not justified in maintaining, without arguing the question in a "*Nisi prius*" spirit, that legal tests of insanity connected with alleged criminal acts have at various times been propounded from the bench for the guidance of juries?

Dr. Johnson defines the word "test," as being "that with which any thing is compared in order to prove its genuineness."

It is true, as Mr. Justice Maule says in the passage quoted by Mr. Stephen, that the questions submitted to the jury are those questions of fact which are raised on the record. In a criminal trial the question commonly is, whether the accused be Guilty or Not Guilty?

"The jury are to inquire into nothing which is not in issue. They are impanelled to decide certain questions of fact in the negative or affirmative, and nothing is admissible in evidence unless it tends to enable them to answer these questions, or some of them.

"The questions are raised by the prosecutor and the prisoner—the prosecutor affirming certain facts respecting the prisoner, and the prisoner either confessing or denying them, or alleging some reason why he should neither confess nor deny. Such denial, confession, or allegation, is the prisoner's plea; and if it raises a question, asserted on one side and denied on the other, the jury are to decide it. First, then, madness is not a plea. The prisoner does not plead it as he would plead a pardon under the great seal, a former acquittal or conviction, or as he would plead to the jurisdiction. He gives it in evidence under the plea of Not Guilty. So that the very form of the proceedings implies, that, in order to entitle him to an acquittal, the prisoner must not only show that he is mad, but that he is *thereby* not guilty. In more technical language, his madness must be such as to enable him to traverse some one or more of the material averments of the indictment."

Madness may not, to speak with technical accuracy, be the "plea," as Mr. Justice Maule avers; but are not the jury guided in their decision as to the acquittal of the prisoner on the ground of insanity by the judge's exposition of the legal doctrine of insanity in relation to crime? Does he not instruct the jury that "partial insanity" will not acquit the prisoner? That the existence of a delusion, partial in its character, will not exonerate him from responsibility? That if the prisoner was laboring under the idea or delusion that he was "redressing a supposed grievance," and that under "the impression of obtaining some public or private benefit" he committed the crime, he is equally liable to punishment?

Surely these instructions, propositions, doctrines, or theories may, without an abuse of language, be also termed *tests* of insanity and responsibility, in relation to certain alleged morbid conditions of thought and conduct. The law has a certain preconceived standard of criminality. The mind of the alleged criminal must be in a con-

dition to act voluntarily, of free will, and with malice. He must, to use the language of Foster, as quoted by Mr. Stephen, be capable of committing an action flowing from a wicked and corrupt motive ; he must be in a condition to act *malo animo malâ conscientiâ*.

"If a man," says Foster, "has either no motive at all, or no power of discerning what motives are wicked, and what are not—in more popular language, if he cannot discern good from evil, he cannot be said to act maliciously in the legal sense of the word ; and if he can show, by reason of any disease, he is wholly unable to distinguish between good and evil, he has rebutted the presumption of malice."

Let us for a moment apply Dr. Johnson's definition of the word "test" to this lucid exposition of the principles of the criminal law, and how does it affect the question at issue ?

A standard of criminal responsibility is erected ; in other words, certain well-defined principles of criminal responsibility are enunciated. A culprit is indicted for murder ; he pleads Not Guilty, on the ground that he was incapable of acting *voluntarily, maliciously, and of free will*, on account of his mental infirmity destroying his power of distinguishing between good and evil, right and wrong. This condition of alleged and imputed disorder of mind is then reviewed by the Court, and its "genuineness" tested by "comparing" it with those mental states of admitted legal responsibility in which the criminal is capable of acting *malo animo malâ conscientiâ*.

What are the doctrines of criminal responsibility in cases of alleged insanity, as propounded authoritatively in our courts of law ? I will not refer in detail to the conflicting *criteria* of responsibility which have at different periods been laid down by the bench. (For the existence of such discrepancy of opinion was candidly admitted by Lord Campbell, in the House of Lords, when he said, "He had looked into all the cases that had occurred since Arnold's trial, in 1723, and to the direction of the judges in the case of Lord Ferrers, Bellingham, Oxford, Francis, and M'Naughton, and he must be allowed to say that there was a wide difference of opinion both in the *meaning* and in the *words* of their description of the law.") The principle of law as expounded in 1843, by the judges in the House of Lords, appears to me (without quoting the decision at length) to be embraced in the following propositions :

1st. A person laboring under partial delusions only, and who is not in other respects insane, notwithstanding he commits a crime under the influence of the insane delusion that he is redressing or revenging some supposed grievance or injury, or producing some public benefit, is liable to punishment if he knew at the time of committing such crime that he was acting contrary to the law of the land.

2nd. To establish a defence on the ground of insanity, it must be clearly proved that at the time of the committing of the act the party accused was laboring under such a defect of reason from disease of the mind as not to know the nature and quality of the act he was doing, or, if he did know it, that he did not know he was doing what was wrong.

3rd. If a person under a partial delusion only, and not in other respects insane, commits an offence in consequence thereof, he is to be considered in the same situation as to responsibility as if the facts in respect to which the delusion exists were real.

These rules of law in relation to offences committed in an alleged condition of insanity, suggest for consideration—

1st. The doctrine of partial delusions in their legal relation to crimes committed by persons in other respects insane, under an insane idea of redressing a real injury, or revenging some supposed grievance.

2nd. The legal doctrine of partial insanity.

3rd. The knowledge of right and wrong viewed as conclusive evidence of responsibility in cases of imputed insanity.

Before discussing the question of "partial insanity," I would premise that the rule of law by which persons are held legally responsible for actions committed whilst under the dominion of a delusion, provided the person imagined that he was redressing a *supposed* grievance, or under the impression of obtaining some public or private benefit, was propounded by Lord Erskine in his celebrated speech in defence of Hadfield. He there declared, "That when a madman commits a crime under the influence of an impression which is entirely visionary, and purely the hallucination of insanity, he is not the object of punishment; but that though he may have shown insanity in other things, he is liable to punishment if the impression under which he acted was true, and the human passion arising out of it was directed to its proper object." He illustrates

this principle by contrasting the case of Hadfield with that of Lord Ferrers. Hadfield labored under the delusion that the end of the world was at hand, and that on the death of the king, the Messiah would immediately appear on earth, and the reign of the Millennium begin.* Lord Ferrers, after showing various indications of insanity, murdered a man against whom he was known to harbor deep-rooted resentment on account of *real* transactions in which that individual had rendered himself obnoxious to him. The former, therefore, is considered as an example of the pure hallucination of insanity; the latter, as one of human passion founded on real events, and directed to its proper object. Hadfield was according acquitted, but Lord Ferrers was convicted of murder, and executed.

It will be for us to discuss whether it is consistent with an enlightened jurisprudence, and a philosophic view of insanity, to consider that a man in an insane state of mind should be held amenable to the punishment of death, *because his delusion is to a degree based upon actual circumstances, and because there is in his conduct evidence of his having been under the influence of passion apparently rationally and sanely directed?*

In considering this section of our subject, it is essential that we should fully appreciate the fact, that it is one of the well-known characteristics of insanity for persons to labor under delusions connected with, and originating in, actual circumstances. This is one of the common features of insanity, the mental disorder exhibiting itself in a morbid and false view of the actual objects of sense, and a diseased and exaggerated estimate of the daily occurrences of life.

A man in a state of incipient or advanced insanity notices a person paying more than (he considers) the ordinary, legitimate, and conventional attention to his wife. A case can easily be conceived

* Although very insane, Hadfield exhibited great acuteness, coolness, and self-possession, common features in cases even of dangerous insanity. It is stated, that when standing at the pit-door of the theatre, waiting for admission, the people around pressed and crowded inconveniently upon him, when a young woman, putting her hand on his shoulder, said, "Sir, you are hurting me; the handle of your umbrella is running into my bosom." "I could not," he added, "help smiling at the time, for the handle of what she supposed my umbrella was the handle of my pistol, which I held concealed within my coat under my arm."

in which a man may, in this respect, unintentionally slightly overstep the line of prudence and propriety. The fact is observed by the *quasi* suspicious madman, and made the subject of deep thought and meditation, until the mind, being up to this period only in an incipient condition of lunacy, yields to the morbid mental suggestion that his wife has been actually unfaithful, and that the man who has been seen in apparent familiar converse with her is her seducer. Thus may a delusion—a dangerous, an insane delusion—a delusion based upon a distorted, perverted, irrational, and insane view of *actual circumstances*, originate and impel the person to destroy human life. I will imagine a case like M'Naughton's. A person is under a delusion that he is the victim of a conspiracy. His insanity may be somewhat general in its development—his delusions not, in the first instance, attaching to any one particular individual, or, in legal phraseology, his insanity is not yet "partial" in its manifestation.

It is possible that a man in such a state of mind may have some trifling claim upon the government for either insignificant services rendered to a Cabinet Minister, or on account of property sacrificed in defence of the Crown in one of our colonial possessions. He writes and demands compensation—extravagant compensation—for a questionable service rendered, and a still more doubtful injury sustained. He is told that his claims are all illusory. This disappointment preys upon his mind, until his bodily health becoming vitiated, and his mind palpably disordered, the idea of the wrong inflicted becomes a *fixed, false, and delusive impression*, exercising a tyrannical and autocratic sway over his passions and conduct. His disordered fancy fixes upon one of the government officials—it may be one of the clerks of the office with whose chief he has been in correspondence—and under the dominion of this phantom of his imagination, that he has a *bonâ fide* claim which will not be recognized, and rights which are unjustly ignored, he revenges himself by taking his life! Alter the circumstances, and it constitutes a type of case frequently coming under the observation of persons conversant with insanity. Many of the delusions of the insane may thus be traced to actual existing circumstances.

A merchant becomes to a degree affected in his pecuniary circumstances; he has sustained a trifling loss of property. This disturbs his thoughts, interferes with his regular sleep, and eventually damages the general health. His mind ultimately succumbs to the brain disorder, and symptoms of unmistakeable insanity appear. He is under a delusion that he is reduced to a state of abject poverty, declares that he is not worth a farthing, and asserts that he and his family must go to the workhouse. It is useless to reason with a man so insane. A clear statement of his affairs is laid before him, he listens heedlessly to the representations of his kind relations and friends, and appears to examine his banker's book with care, but nothing dissipates the delusion; there it remains a fixed, permanent impression of hallucination, until death puts a period to his unhappy life. This is a case of insanity springing out of actual circumstances; the disease of the mind evidencing itself in a false, perverted, insane, and irrational estimate of events that have in reality taken place. In many of these cases the mind is in an incipient state of disorder before the occurrence of the shock, and the palpable demonstration of derangement which afterwards exhibits itself is only a continuation of a previously existing state of mental alienation; but this does not in the slightest degree affect the principle for which I am contending,—that many commit offences against the law in an irresponsible state of insane mind, who are considered accountable agents and amenable to punishment, because they act under a delusion that they are redressing a supposed grievance; and, having some slight justification for their impressions, proceed and conduct themselves as a man in sane and healthy possession of his reason would under similar circumstances.

The law assumes that persons in an irresponsible state of insanity do not redress injuries like sane men; that they are oblivious to all feelings of revenge and resentment; that they are incapable of feeling the

"Whips and scorns of time,
The oppressor's wrong—the proud man's contumely."

So much for the rule of law laid down for the guidance of those into whose hands are entrusted the administration of justice—viz.,

that "notwithstanding the party (the insane party) committed a wrong act while laboring under the idea (delusion, I presume) that he was redressing a supposed grievance or injury (a fanciful and imaginary grievance and injury), or under the impression (hallucination) of obtaining some public or private benefit, he is liable to punishment." I maintain that this is an erroneous doctrine of responsibility in cases of alleged insanity, and an unsafe principle of law; because it is based upon false views of the true characteristics and phenomena of mental alienation. I am not now addressing myself to the consideration of incipient forms of disturbed mind, to *pseudo* states or phases of insanity, or to certain abnormal deviations from mental health, not amounting to derangement of mind; but to clearly, positively, and obviously developed insanity, associated with palpable and appreciable delusions or hallucinations. With reference to the legal doctrine of right and wrong as applied to cases of alleged insanity, I suggest no metaphysical objection. I use the words in their admitted and recognized legal acceptance. The word *wrong*, as Mr. Stephen observes, is "that which the *law* and not that which the *prisoner* considers wrong."

It is questionable whether the English language could produce two words so incapable of uniformity of construction as those of right and wrong when applied to criminal cases of insanity.

If the doctrine of right and wrong be admitted as a legal test, and acted upon as a principle of law, would it not (owing to the essential difference in the character of the cases of insanity to which it would be applied) be partial, restricted, and circumscribed in its operation? There are, undoubtedly, cases of insanity which come within the range of this test; but in many forms of mental disorder associated with an irresponsible condition of mind, the doctrine of right and wrong could not with justice or safety be relied upon.

If it be a fact that there are a large number of insane persons confined as lunatics, in whom this power of distinguishing between right and wrong, lawful and unlawful, good and evil, remains apparently intact, then, I ask, is it a safe standard of responsibility—a just principle of law?

I say advisedly, "apparently intact." A lunatic may have one or two prominent delusions, and in this state of disordered intellect retain the power of conversing coherently, rationally, and even with brilliancy, upon many subjects connected with science, literature, and the fine arts. He may even be competent to make a testamentary disposition of his property, and to transact ordinary matters of business with unusual shrewdness and a keen regard to self-interest; the fact of his brain being in a morbid state, in a condition of exalted function, may develop an amount of intelligence, acuteness, and sagacity he never exhibited previously to the attack of mental disorder. Hence the extreme cunning, cleverness, and design often exhibited by persons palpably insane. Men in a state of insanity become orators and poets, who previously to their illness were entirely ignorant of tropes, and innocent of ever having penned a stanza. But we must be careful not to confound such conditions of *morbid exaltation of thought and intelligence* with those complex operations of the mind, involved in the consideration of the question of right and wrong, under circumstances the most painful and trying that can occur to a human individual. In other words, I argue, that the capacity to draw nice distinctions between right and wrong—the power of correctly estimating the relation between a suggested line of action, and its penal consequences,—the ability to appreciate in a healthy manner the moral and legal principles laid down for the conduct of society, and the safety and protection of human life, are not to be confounded with an apparent lighting up of the intelligence so often witnessed in certain morbid conditions of the brain, disordering the operations of the mind. We are not justified in inferring, because the alleged lunatic exhibits more than the usual degree of cleverness, cunning, and sagacity, that therefore he is in a condition of intellect to weigh nicely and accurately (when impelled, in an insane state of mind, to commit an act of violence upon a fellow-creature who had subjected him to a slight provocation) the questions—Am I doing what is right? what is lawful? what is good? am I about to act in disobedience to human and Divine laws?

Dr. Ray has placed this question in a clear and forcible light :—

“ The first result, therefore, to which the doctrine leads, is, that no man can ever successfully plead insanity in defense of crime, because it can be said of no one, who would have occasion for such a defense, that he was unable in any case to distinguish right from wrong. To show the full merits of the question, however, it is necessary to examine more particularly how far this moral sentiment is affected by, and what relation it bears to, insanity. By that partial possession of the reasoning powers, which has been spoken of as enjoyed by maniacs generally, is meant to be implied the undiminished power of the mind to contemplate some objects or ideas in their customary relations, among which are those pertaining to their right or wrong, their good or evil, tendency ; and it must comprise the whole of these relations, else the individual is not sane on these points. A person may regard his child with the feelings natural to the paternal bosom, at the very moment he believes himself commanded by a voice from heaven to sacrifice this child, in order to secure its eternal happiness, than which, of course, he could not accomplish a greater good. The conviction of a maniac's soundness of mind, on certain subjects, is based in part on the moral aspect in which he views those subjects ; for it would be folly to consider a person rational in reference to his parents and children, while he labors under an idea that it would be doing God's service to kill them,—though he may talk rationally of their characters, dispositions, and habits of life, their chances of success in their occupations, their past circumstances, and of the feelings of affection which he has always cherished towards them.

“ Before, therefore, an individual can be accounted sane on a particular subject, it must appear that he regards it correctly, in all its relations to right and wrong. The slightest acquaintance with the insane will convince any one of the truth of this position. In no school of logic, in no assembly of the just, can we listen to closer and shrewder argumentation, to warmer exhortations to duty, to more glowing descriptions of the beauty of virtue, or more indignant denunciations of evil-doing, than in the hospitals and asylums for the insane. And yet many of these very people make no secret of entertaining notions utterly subversive of all moral propriety ; and, perhaps, are only waiting a favorable opportunity to execute some project of wild and cruel violence. The purest minds can not express greater horror and loathing of various crimes than madmen often do, and from precisely the same causes. Their abstract conceptions of crime, not being perverted by the influence of disease, present its hideous outlines as strongly defined as they ever were in the healthiest condition ; and the disapprobation they express at the sight arises from sincere and honest convictions. The *particular*

criminal act, however, becomes divorced in their minds from its relations to crime in the *abstract*; and, being regarded only in connection with some favorite object which it may help to obtain, and which they see no reason to refrain from pursuing, is viewed, in fact, as of a highly laudable and meritorious nature. Herein, then, consists their insanity; not in preferring vice to virtue, in applauding crime and ridiculing justice, but in being unable to discern the essential identity of nature between a particular crime and all other crimes, whereby they are led to approve what in general terms they have already condemned."

Mr. Stephen, although he argues in favor of this doctrine of criminal responsibility, appears to consider that the question might with safety be modified. As suggested by this gentleman, the case would be put thus to the jury:—"Was the prisoner prevented by mental disease from appreciating the reasons for which the law has forbidden the crime of which he is accused, or from applying them to his own case?" I would add to these questions these words:—and was he able to exercise a healthy volition in the matter?—had his mental disease destroyed his powers of free-will *quoad* the crime of which he stands accused? A paralytic may know that, under certain conditions of danger, the only safety is in flight. He is conscious of the fact, but his *motor* power is gone. It is so with many lunatics; they know what is right, and bitterly lament their sad loss of volitional power, as well as their incapacity to act in obedience to their notions of what is right and just. This will be more apparent when I address myself to the consideration of the subject of Homicidal Insanity.

I proceed next in order to the question of Partial Insanity. Lord Hale says:—

"There is a partial insanity, and a total insanity of mind. The former is either in respect of things *quoad hoc vel illud insanire*; some persons that have a competent use of reason in respect of some subjects are yet under a particular *dementia* in respect of some particular discourses, subjects, or applications; or else it is partial in respect of degrees; and this is the condition of very many, especially melancholy persons, who for the most part discover their defect in excessive fears and griefs, and yet are not wholly destitute of reason; and this partial insanity seems not to excuse them in the committing of any offense for its matter capital; for, doubtless, most persons that

are felons of themselves, and others, are under a degree of partial insanity when they commit these offenses. It is very difficult to define the invisible line that divides perfect and partial insanity: but it must rest upon circumstances duly to be weighed and considered both by judge and jury; lest on the one side there be a kind of inhumanity towards the defects of human nature; or, on the other side, too great an indulgence given to great crimes."

And the same learned judge adds, "that the best measure is this, —such a person as is laboring under melancholy distempers hath yet ordinarily as great understanding as ordinarily a child of fourteen years hath, is such a person as may be guilty of treason or felony?"*

"The term partial insanity," says Collinson, "imports that a person is insane on one or more particular subjects only, and sane in other respects." Lord Lyndhurst, who takes a more enlarged view of the subject of partial insanity, thus defines it:—He says, "the mind is not unsound on one point only and sound in all other respects, but this unsoundness manifests itself principally with reference to some particular object or person." But other authorities use the term in a restricted *sense*, synonymously with that type of mental disease called "*monomania*," or delusion upon one prominent topic or directed to one particular person, the mind being sound on all other subjects. Accepting this as the legal signification of the term, I ask—Is there a condition of mind which can be correctly designated as partial insanity or monomania?

Considering the matter metaphysically, I would observe, that we can not disentangle and separate the intellectual faculties as we can the threads of a skein of silk, and say this faculty of the mind operates by itself, and that faculty is independent of the other powers of the intellect, and another state of the mind is isolated from all other conditions of mental manifestation. This is contrary to the first and elementary principles of the science of mental philosophy.

Sir William Hamilton remarks:—

"It should ever be remembered that the various mental faculties are only possible in and through each other; and our psychological analyses do not suppose any real distinction of the operations which

* Hale's P. C. 30.

we discriminate by different names. Thought and volition can no more be exerted apart than the sides and angles of a square can exist separately from each other."

Whatever classification of the faculties of the mind the metaphysical philosopher may adopt, whether it be the general division of the mind made by the ancients into the powers of the understanding, and the powers of the will, these faculties never were presumed to be so many distinct and separate entities, capable of acting independently of each other; but they have always been regarded as links of the same chain, elements of the same intellectual system. The idea of disease being restricted to one faculty of the mind, and uninfluencing other powers of the intellect, is opposed to the metaphysical theory of the unity of the consciousness. If I may quote Holy Scripture in illustration of this subject, I would refer to a portion of the 12th chapter of the 1st Book of Corinthians, in which, speaking of the indivisibility of the body, and unity of physical operation, this great principle is lucidly enunciated:—"If the foot shall say, Because I am not the hand, I am not of the body; is it therefore not of the body? And if the ear shall say, Because I am not the eye, I am not of the body; is it therefore not of the body? If the whole body *were* an eye, where *were* the hearing? If the whole *were* hearing, where *were* the smelling? But now hath God set the members every one of them in the body, as it hath pleased him. And if they were all one member, where *were* the body? But now *are they* many members, yet but one body. And the eye can not say unto the hand, I have no need of thee; nor again the head to the feet, I have no need of you. And whether one member suffer, all the members suffer with it; or one member be honored, all the members rejoice with it."

Apply this principle to the operations of the mind, and inquire whether the memory can say to the attention, I have no connection with you; whether the reflective powers can say to the judgment and reason, I am independent of your co-operation; whether the will can stand aloof from the imagination; and, to speak more generally, whether the active can exist apart from the passive powers

of the mind ; whether the moral faculties can exercise an independent sovereignty and dominion without influencing and calling into active operation the intellectual portion of man's complex organization ?

Is there not a mysterious, inscrutable, and inexplicable *oneness* in the constitution of the human mind, defying all attempts at an accurate and minute classification and separation of its powers ? If such a state of mutual dependence, action, and union obtains between various states of mind (I will not use the arbitrary terms "faculty" or "power") in a condition of health, *à fortiori* how impossible is it to disjoint, separate, and individualize the mental faculties when under the influence of disease ? Can we draw the line of demarkation between a diseased and healthy condition of the delicate structure of the vesicular neurine of the brain ? Is it not obviously impossible for the most experienced anatomist to say, This is the territory which separates the morbid from the healthy portion of the brain ? or for the physician to assert such an extent of disorder of the mind is consistent with safety and responsibility, but beyond the boundary, danger and irresponsibility commence ?

When speaking of partial insanity, as an accepted legal phase and type of mental derangement, Lord Brougham remarks :—

"We must keep always in view that which the inaccuracy of ordinary language inclines us to forget, that the mind is one and indivisible ; that when we speak of its different powers or faculties—as memory, imagination, consciousness—we speak metaphorically, likening the mind to the body, as if it had members or compartments ; whereas, in all accuracy of speech, we mean to speak of the mind acting variously—that is, remembering, fancying, reflecting ; the same mind, in all these operations being the agent. We therefore, cannot, in any correctness of language, speak of general or partial insanity ; but we may, most accurately, speak of the mind exerting itself in consciousness without cloud or imperfection, but being morbid when it fancies ; and so its owner may have a diseased imagination ; or the imagination may not be diseased, and yet the memory may be impaired, and the owner be said to have lost his memory. In these cases, we do not mean that the mind has one faculty—as consciousness—sound, while another—as memory or imagination—is diseased ; but that the mind is sound when reflecting on its own operations, and diseased when exercising the combination termed

imagining, or casting the retrospect called recollection. This view of the subject, though apparently simple, and almost too unquestionable to require, or even justify, a formal statement, is of considerable importance when we come to examine cases of what are called, incorrectly, partial insanity, which would be better described by the phrase 'insanity' or 'unsoundness,' always existing, though only occasionally manifest."

But, apart altogether from the metaphysical objection to the theory, let us for a moment consider whether such a form of disease as partial insanity or monomania comes under the observation of the practical physician. There are undoubtedly, forms of insanity in which there is an unhealthy *predominance* and exaltation given to particular mental *impressions* or *delusions*; that certain states of morbid thought and feeling stand out in bold and prominent relief, giving, as it were, a character or type to the mental disease; *but I never yet saw a case of alienation of mind in which the delusion or hallucination was in reality confined to one or two ideas, those ideas exercising no influence over the conduct of the person, and not implicating, to a certain degree, the other faculties of the mind.* It is impossible to circumscribe the operation of morbid conditions of thought, or to draw a line of demarkation between those states of mind that are clearly under the influence of disease, and those operations or faculties of the intellect that remain apparently unaffected. A man believes himself to be our Saviour, or Mahomet the prophet. Apparently the man's mind is sound upon all other points; but within what limits can we confine and restrain the influence of so serious a delusion?

A slight accession of bodily disease, a severe attack of indigestion, congestion of the liver, or a torpid state of the bowels, may make all the difference between security and safety in such a case. A person laboring under the dominion of one palpable, insane delusion or hallucination (I am now using the term delusion in its strictly medical acceptation), ought not to be treated *quoad* the question of criminality as a sane and rational man. But let me for a minute revert to the question as to the existence of partial insanity, or monomania. Foville, a French physician of great celebrity, who had for many

years the medical charge of the Charenton Lunatic Asylum near Paris, when speaking of monomania, observes :—

“ Monomania consists in a delirium, partial and circumscribed to a small number of objects. Monomania, in its most simple condition, is excessively rare ; the number of patients who only rave on one subject is *infinitely small* compared to the number of those who are *called* monomaniacs. Under this head are often confounded all those who have some habitual dominant idea. I have only seen two cases which rigorously merit the name, and these two even were affected from time to time with more extended delirium.”

He again remarks :—

“ Let any one examine the hospitals of Paris, of Bicêtre, of Charenton, and he will see that amongst the thousands of insane, there is scarcely one true monomaniac, *perhaps not one*. Insanity attacks principally, at one time the intellectual, at another the moral or affective faculties ; and, again, the sensations and movements. Each of these may be more or less affected than the others ; and so, when the intellect, *without being unaffected*, is less deeply involved than the other faculties, we fall into the error of considering it sound, and call these monomaniacs. Indeed, it seems to me as though the descriptions of monomania had been written *upon the word*, and not from nature ; that is to say, that writers have described what *might* merit the title of monomania, but of which they can find no instance in practice.”

Moreau, also a great authority in France, says :—

“ It is impossible to admit that the intellectual faculties can be modified in a partial manner. In the slightest as well as the most severe forms of insanity, there is necessarily a complete metamorphosis—a radical and absolute transformation of all the mental powers of the ONE. In other words, we are insane or we are not insane ; we cannot be half deranged, or three-quarters, full face or profile.”

Baillarger, an eminent French psychological physician, adopts the same view of the question, and maintains that the alleged monomaniacal idea is more frequently *predominant* than *exclusive*. If we look to Germany, we find the first psychological authority of that country, Damerow, declaring that “ he never knew a case of the disease of the mind called monomania, in which there was not a fundamental, general psychical disorder.”

When addressing himself to the subject of monomania, Mr. Ste-

phen remarks, that "monomaniacs are capable of acting quite rationally upon a variety of subjects except those which they connect with their delusions." Apparently, such is the fact. If a person be under a delusion—an insane delusion—that he is a pauper, he having at the time large landed possessions, as well as a considerable balance at his banker's; if that be his hallucination, how can it be safely predicated that all his thoughts and feeling may not be materially tintured and influenced by his morbid state of mind? He may be able to solve a problem in mathematics—he may have the power of writing a consistent letter on business to his solicitor—and on some subjects, involving an exercise of the intellectual faculties, his mind may appear sound; but on matters which are likely to call into play his passions, feelings and affections, or to tax severely the emotions, his power of acting sanely and responsibly may be altogether destroyed. I maintain that it is not right to place a man whose mind is palpably deranged, even although to a partial extent (adopting the legal term,) in the same class with sane persons, and expect him, under circumstances of great irritation and provocation, to act as the law would require him to act if he were in possession of a sane mind, and a healthy control over his passions.

A man was tried many years back for murdering a stranger whom he accidentally met in a country lane, because he refused, when asked, to give him twopence (that being the sum of money he begged for, at a time when he was proved to be suffering acutely from the pangs of hunger). This man was found guilty and executed. I was at the time much interested in his case, for the evidence of his state of mental disorder (previously to the commission of the murder) was, to my mind, strong and conclusive. It occurred to me that his conduct was quite inconsistent with the hypothesis of sanity—that no man in possession of his reason would have been driven to so horrible an extremity by so trifling a provocation. I, with others, ineffectually interceded with the Secretary of State in his behalf, and endeavored to save him from the gallows.

As a principle, it may be laid down that a man in a sane state of mind is in a condition to weigh the legal consequences of a sug-

gested criminal line of conduct; there is generally a healthy correspondence between the offence and the action springing out of it.

Before I proceed to the consideration of Homicidal Monomania, and to those morbid states of alleged criminal irresponsibility connected with what are termed blind and irresistible impulses, I would premise that I have always taken exception to these phrases; I think they are unfortunate and unhappy nosological designations of admitted and accepted states of mental disorder associated with a desire to destroy life.

The terms "homicidal monomania," "blind and irresistible impulse," are, I admit, open to grave objections, and to serious abuse. Of the existence of a type of insanity without delirium or apparent delusion, suddenly manifesting itself, and impelling its miserable victims to destroy those nearest and dearest to them, there cannot be a question. There are other cases (and such will be found in most lunatic asylums) in which the mind of the patient appears to be absorbed with one horrible homicidal idea, that being the predominant and characteristic symptom of the mental alienation. A case is recorded in a French journal of a man whose state of mind was made the subject of judicial investigation in France, who for twenty-six years was haunted by an intense desire to destroy human life. He freely confessed that his mind had for this long period been absorbed in this *one* idea.

The Report of the official authorities declared that this man appeared in other respects of sound mind. I subjoin the official account of this remarkable case:—

"I, the undersigned, William Calmeilles, health officer, residing in the principal town of the Canton of Cazals (Lot), certify to all whom it may concern, that upon the requisition of the mayor of the commune of Marminiat, I have this day been to the village of Brunet, in the aforesaid commune of Marminiat, to decide upon the mental condition of a person named John Glenadel, a husbandman, dwelling in the said village of Brunet.

"I found Glenadel sitting upon his bed, having a cord around his neck, fastened by the other end to the head of the bed; his arms were also tied together at the wrist with another cord. In giving my Report, I do not believe that it can be better made than by re-

ording the conversation which took place between Glenadel and myself, in the presence of his brother and sister-in-law.

"*Question.* Are you unwell ?

"*Answer.* I am very well ; my health is excellent.

"*Q.* What is your name ?

"*A.* John Glenadel.

"*Q.* What is your age ?

"*A.* I am forty-three ; I was born in '96 ; see if this is not correct.

"*Q.* Is it by compulsion or by your own consent that you are bound in this manner ?

"*A.* It is not only by my consent, but I demanded that it should be done.

"*Q.* Why is this ?

"*A.* To restrain me from committing a crime of which I have the greatest horror, and which, in spite of myself, I am constantly impelled to execute.

"*Q.* What is this crime ?

"*A.* I have one thought which constantly torments me, and which I can not conquer—that I must kill my sister-in-law ; and I should do it were I not restrained.

"*Q.* How long have you had this idea ?

"*A.* About six or seven years.

"*Q.* Have you any cause of complaint against your sister-in-law ?

"*A.* Not the least, monsieur ; it is only this one unfortunate idea which troubles me, and I feel that I must put it in execution.

"*Q.* Have you ever thought of killing any one besides your sister-in-law ?

"*A.* I at first thought of killing my mother ; this thought seized me when I was fifteen or sixteen years old, at the age of puberty, in 1812, as I well recollect. Since that time I have not passed one happy hour ; I have been the most miserable of men.

"*Q.* Did you conquer this unfortunate idea ?

"*A.* In 1822, I could no longer resist, I being at that time twenty-five or six years of age ; and to remove this unfortunate inclination, I joined the army in the capacity of a substitute. I was two years in Spain with my regiment, and then returned to France, but this fixed idea followed me everywhere ; more than once I was tempted to desert, to go and kill my mother. In 1826 they gave me an unlimited furlough, although it was unsolicited by me, and I returned to my father's house, my fatal idea returning with me. I passed four years with my mother, always having an almost irresistible inclination to kill her.

"*Q.* What did you do then ?

"*A.* Then, monsieur, seeing that I should inevitably commit a crime which terrified me and filled me with horror, I, in 1830, rejoined the army, that I might not succumb to this temptation. I

left for the second time my father's house, but my fixed idea again followed me, and at last I almost decided to desert, that I might go and kill my mother.

"Q. Did you have any cause of complaint against your mother?

"A. No, monsieur, I loved her very much; thus, before starting, I said to myself, 'Shall I kill that mother who has exercised so much care over me during my infancy, and who has loved me so well, although I have entertained this fatal thought against her? I will not do it; but I must kill some one.' It was then that the thought of killing my sister-in-law first occurred to me; I have a distinct recollection of this, I being at that time in Dax, and it was in the year 1832. It was then announced to me that my sister-in-law was dead, which was a mistake, it being another relative who had died. I then accepted of the furlough they had offered me, which I should by no means have done had I known that my sister-in-law was still living. When I reached my home, and was informed that she was not dead, I experienced such a sinking and depression of spirits that I became quite sick, and my idea resumed its course.

"Q. What instrument do you choose with which to kill your sister-in-law?

"Here Glenadel was much affected; his eyes were bathed in tears; and looking towards his sister-in-law, he replied—'That instrument which would inflict the least pain! But however that may be, the time approaches, I perceive, when she must die, and this as certain as God lives.'

"Q. Do you not dread to inflict so much misery and anguish upon your brother and your little nephews?

"A. The thought of this has troubled me somewhat, but I should receive the punishment due to my crime, and should neither see nor know any thing of their affliction; the world would rid itself of a monster such as me, and I should cease to live. I should not expect after this to see a single hour of happiness.

"It here occurred to me that M. Grandsault, of Salviat, my companion and friend, who is at present in Paris, had told me, about a year before, of a young man who, some years previously, had come, accompanied by his mother, to consult him as to his own case, which presented many features very similar to those exhibited by Glenadel. As these cases are so very uncommon, I thought that, perhaps, this person and Glenadel might prove to be the same. I therefore asked him if it was he who had consulted my friend, and he replied in the affirmative.

"Q. What did M. Grandsault counsel you?

"A. He gave me most valuable advice, and he also bled me.

"Q. Did you experience any benefit from this bleeding?

"A. Not the least; my unfortunate idea pursued me with the same force.

"Q. I am about to make a Report upon your mental condition, from which will be decided whether you shall be placed in an hospital where you may recover from your insanity.

"A. My recovery is impossible; but make your Report as quick as possible—time presses. I can control myself but a little longer.

"Q. It must be that your parents have instilled into your mind correct moral principles, that they have set before you good examples, and that you yourself have possessed a virtuous mind, to have resisted so long a time this terrible temptation. Here Glenadel was again much affected; he shed tears, and replied, 'You are correct in this, monsieur; but this resistance is more painful than death. I know that I can resist but little longer, and I shall kill my sister-in-law unless I am restrained, as sure as there is a God.'

"'Glenadel,' said I to him, 'before leaving you, let me ask of you one favor: resist still some days longer, and you shall not see your sister-in-law for a long time, as we will so arrange matters that you can leave here, since you so much desire it.'

"'Monsieur, I thank you, and I will make arrangement to comply with your recommendation.'

"I left the house, and as I was about to mount my horse, Glenadel called me back, and when I had approached near to him, he said to me, 'Tell these gentlemen that I beseech them to put me in some place from whence it will be impossible for me to escape, for I should make attempts to do so; and were I to succeed in getting away, my sister-in-law would have to die, for I could not avoid killing her; tell these gentlemen that it is my own self who has said this to you.' I assured him that I would do this; but as I saw that he was in a state of great excitement, I asked him if the cord which bound his arms was strong enough, and if he did not think that by a strong effort he could break it. He made an attempt, and then said, 'I fear that I might.' 'But if I should procure for you something that would confine your arms still more securely, would you accept of it?' 'With thanks, monsieur.' 'Then I will ask the commander of the *gendarmes* to give me that with which he is accustomed to confine the arms of prisoners, and I will send it to you.' 'You will confer upon me a great favor.'

"I purposed to make many visits to Glenadel, so as to entirely satisfy myself as to his mental condition; but after the long and painful conversation which I held with him, after what my friend M. Grandsault had told me, after what had been said to me by the brother and sister-in-law of Glenadel, who are so much afflicted at the sad condition of their unfortunate brother, I became well convinced, without farther observation, that John Glenadel was affected with that form of insanity called monomania, characterized in his case

by an irresistible inclination to murder—the monomania with which Papavoine and others, fortunately but a small number, were affected.

“Signed at Brunet, in the commune of Marminiat.

“CALMEILLES, *Health Officer*.

“May 21, 1839.”

Catherine Zeigler was tried at Vienna for the murder of her bastard child. She confessed the act, and said she could not possibly help it; she was forced to do it; she could not resist the desire to commit the murder. The frankness of this her confession, connected with her good character, induced the tribunal to pass a merciful sentence; and on the ground of insanity (which she did not herself plead), she was acquitted, and at length released from prison. But she told the Court, that if they let her escape, they would be responsible for the next murder she committed, for that if she ever had a child again she would certainly kill it. And so, in fact, she did. About ten months after her release from prison, she was delivered of a child, which she soon murdered.

Brought again to her trial, she repeated her old story, and added that she became pregnant merely for the sake of having a child to kill. She was executed for this second murder.

A female was admitted a few years back into the Royal Edinburgh Lunatic Asylum; she had no appreciable disorder of the intellectual powers; she labored under no delusions. She had a simple abstract desire to kill, or rather, for it took a specific form, to strangle. She made repeated attempts to effect her purpose, attacking every person who came near her, even her own relatives. It appeared to be a matter of indifference to her whom she strangled, so that she succeeded in killing some one. She recovered, under strict discipline, so much self-control as to be permitted to work in the washing-house and laundry; but she still continued to assert that “she must do it;” that “she was certain she would do it some day;” that “she could not help it;” that “surely no one had ever suffered as she had done;” “was not hers an awful case?” And approaching any one, she would gently bring her hand near their throat, and say, mildly and persuasively, “I would just like to do it.” She frequently expressed a wish that all the men and women

in the world had only one neck, that she might strangle it. Yet this female had a kind and amiable disposition; was beloved by her fellow-patients; so much so, that one of them insisted on sleeping with her, although she herself declared that she was afraid she would not be able to resist the impulse to get up during the night and strangle her. She had been a very religious woman, exemplary in her conduct, very fond of attending prayer-meetings and of visiting the sick, praying with them, and reading the Scriptures, or repeating to them the sermons she had heard. It was her second attack of insanity. During the former she had attempted suicide.

The disease was hereditary, and it may be believed that she was strongly predisposed to morbid impulses of this character, when it is stated that her sister and mother both committed suicide. There could be no doubt as to the sincerity of her morbid desires. She was brought to the institution under very severe restraint, and the parties who brought her were under great alarm upon the restraint being removed. After its removal, she made repeated and very determined attacks upon the other patients, the attendants, and the officers of the asylum, and was only brought to exercise sufficient self-control by a system of rigid discipline.

This female was perfectly aware that her impulses were wrong, and that if she had committed any act of violence under their influence, she would have been exposed to punishment. She deplored in piteous terms the horrible propensity.

A few years ago, a gentleman presented himself at a metropolitan lunatic asylum, and begged that he might be received as a patient. He stated that he had just left his solicitor, from whom he, in fact, brought a letter of introduction confirming his account of himself, and that it was necessary he should be placed under some form of restraint, for he had an irresistible desire to murder his wife or one of his children. He then added, that the preceding day he was walking in his garden, when he saw his wife and little girl approaching him. His eye at the same moment caught the sight of a hatchet lying on the gravel walk, and he described that he had the greatest struggle with himself to escape out of the garden before he seized it to strike, perhaps fatally, one or other of them.

He loved his wife and child, he affirmed, dearly ; but the homicidal idea haunted him continually, and he felt that he could not trust himself alone in their presence. It should be added, that the last night he slept at home, he did attempt in the middle of the night to strangle his wife, and would have succeeded had not her cries in the scuffle brought in timely assistance. In the midst of all this, during the explanation he gave of his case, he expressed himself well and rationally. His intellect appeared to be unclouded ; and it turned out that he was at the same time in communication with his solicitor respecting some proceedings in the Court of Chancery, upon which he gave perfectly sane instructions. I will cite but one additional illustration of this type of insanity. The lunatic in question murdered his wife, and afterwards became a criminal inmate of the State Lunatic Asylum of Massachusetts. He gave the following account of his crime. On the morning of the murder the man was sitting with his wife. He was in a state of excitement ; and in these circumstances the noise of the children always disturbed him. In order to render all quiet, the children were sent into a field to play or labor ; he and his wife sat by the fire—he on one side, indulging in the gloomiest forebodings ; she at work on the other side, doing all in her power to console and comfort him.

After a while she arose, went to the cupboard and poured some wine into a tumbler, brought it to him, and said, in the most cheerful manner, "Come, let us drink and forget our sorrow, and remember our poverty no more." She tasted the wine, and handed it to him, and he drank, and said, in reply, "*I wish it might kill me,*" or, "I might die." She took her seat again by the fire, and went to her work ; he arose soon after, without any particular object or design, and walked into an adjoining room. In a moment the idea of Samson and the weaver's beam rushed into his mind ; he instantly seized a weapon which was before him, stepped behind his wife, and gave her the fatal blow. The man, during his confinement, often spoke of the amiable disposition of his wife ; he declared that he had no fancied direction from higher powers, and that the thought of killing her never entered his mind until that impulse came upon

him, and that it was as sudden as possible, and wholly irresistible. He also spoke of his having made many attempts to commit suicide.

When speaking of insane "irresistible impulses," Mr. Stephen remarks :—

"If the law is to rest satisfied with proof not of an *irresistible*, but merely of an *unresisted* impulse, it gives a sanction to all sorts of crime."

In many conditions of disordered brain and mind, the patient suffers acutely from those "resisted" impulses and morbid mental suggestions. This is one of the most distressing types of nervous and mind disorder coming within the range of the physician's observation and treatment. In many cases, the unhappy patient is fully and painfully conscious of his morbid condition of thought ; and it occasionally happens that so acute is the agony of mind consequent upon the struggle to conquer these suggestions, that relief is sought for in suicide. In this stage of consciousness the patient is occasionally able to appreciate that his sensations are perverted, his thoughts morbid, perceptions false, and his impulses wrongly directed.

Dr. Rush refers to the case of a lady, who prayed fervently that she might be relieved from the horror of her own morbid thoughts by a complete loss of reason !

This terrible consciousness of the approach of insanity, and of the actual existence of the malady, is one of the saddest features in this mysterious disease. The fact has not escaped the wonderful penetration of our great dramatic poet. When Gloster is suffering from profound grief, consequent upon his recognition of Lear's insanity, he exclaims, in the bitterness of his wild despair :—

"The king is mad—how stiff is my vile sense,
That I stand up, and have ingenious feeling
Of my huge sorrows ! Better I were distract ;
So should my thoughts be severed from my griefs,
And woes by wrong imaginations lose
The knowledge of themselves."

"Such a state as mine," writes a patient, "you are probably unacquainted with, notwithstanding all your experience. I am not conscious of the suspension or decay of any of the powers of my mind.

I am as well able as ever I was to attend to my business; my family suppose me in health, yet the horrors of a madhouse are staring me in the face. I am a martyr to a species of persecution from within, which is becoming intolerable. I am urged to say the most shocking things—blasphemous and obscene words are ever on the tip of my tongue. Hitherto, thank God! I have been enabled to resist; but I often think I must yield at last, and then I shall be disgraced forever and ruined. I solemnly assure you that I hear a voice which seems to be within me, prompting me to utter what I would turn from with disgust if uttered by another. If I were not afraid that you would smile, I should say there is no way of accounting for these extraordinary articulate whisperings, but by supposing that an evil spirit has obtained possession of me for the time; my state is so wretched, that, compared with what I suffer, pain or sickness would appear but trifling evils.”*

All crime is alleged to spring from an unresisted and uncontrolled impulse; and a distinguished judge once declared from the bench, when reference was made to the subject of morbid irresistible impulses, that it was one of the objects of punishment to teach men, viciously and criminally disposed, the duty and necessity of restraining their wicked inclinations and impulses. No one doubts the correctness of this principle. But surely it is unphilosophic not to draw a right distinction between a *normal* and *healthy* disposition to crime, and those occasionally resisted and often unhappily irresistible tendencies to what the law considers wicked, vicious, criminal, and punishable acts, clearly connected with, and originating in, a *pathological* condition of the material instrument of thought disordering the mental operations. Was not this distinction entirely lost sight of when Lord Hale committed himself to the dogma that “all crime was partial insanity?” and did not a non-recognition of this great principle lead Dr. Haslam to declare that no mind was sound except that of the Deity? There are *insane* impulses, and *healthy* impulses, to crime and vice; and I think no person acquainted with the phenomena of diseased mind would confound one condition with the other.

A person may, with the object of obtaining some great pecuniary

* “Essays on Partial Derangement of the Mind in Supposed Connection with Religion,” by the late John Cheyne, M. D., pp. 64-5.

compensation, set fire to his house; another man, with no possible chance or hope of advantage or gain, does the same thing under the influence of an insane impulse. A mother murders her child, to destroy all evidence of her moral delinquency; another mother sacrifices the life of her offspring, to which she is tenderly attached, under the terrible dominion of a morbid desire to destroy.* A person in a drunken brawl quarrels with his wife because she refuses to supply him with intoxicating drink, and ends by destroying her life; another man, he may be a devoted, affectionate, and loving husband, without exhibiting any previous evidence of insanity, being seized with an attack of homicidal frenzy, rushes upon his wife and cuts her throat! A man may enter a shop, and purloin some article of value; another person, moving in good society, and of high and unimpeachable integrity, and above want, may, in a state of mental disorder, commit a similar offense, conscious at the time of the certainty of detection, disgrace, ruin, and punishment. One man practices his profession as a thief—it is his vocation; the other person commits a motiveless crime under the influence of a morbid, insane, and irresistible impulse. I readily admit that such cases require to be most jealously scrutinized. I do not, however, think there can be much practical difficulty in diagnosing and discriminating judiciously between the two classes of cases.

To revert, however, to the subject of resisted insane impulses.

Patients often complain of being subject to this type of mental disorder, and feel the necessity for restraint and medical treatment. The suggestion to self-destruction and commission of homicide, without any other evidence of insanity in the popular acceptance of the term, is a common symptom of disorder of the brain and nervous system. The patient, in describing his mental state to his physician, says that the suggestion is "cut your throat,"—"poison,"—"drown yourself,"—"cut your wife's throat,"—"murder your child,"—"poison him." Persons in this state of mind (notwithstanding the presence of great disturbance of the functions of the brain, and disorder

* An occasional occurrence in puerperal insanity.

of the general health) are able to resist, for a period, these insane suggestions and impulses; but if they should yield to them, and the suggestion be an *irresistible* instead of a *resisted* one, what would Mr. Stephen's opinion be of their legal responsibility in relation to any offence they might commit?

A lady of strong devotional feelings, subject to great nervous disorder, could not repeat the Lord's prayer without being compelled from within (as she described it) to say, "Our Father, who art in HELL." She could not say "Heaven," although she tried to do so. This poor lady (whose mind was strongly imbued with religious sentiments) suffered great agony of mind in consequence of this horrible suggestion.

I was acquainted with a gentleman—a man of great accomplishments, of high order of intellect, of known literary reputation, and of great personal worth—whose mind was for years tortured with morbid suggestions to utter obscene and blasphemous expressions. He eventually destroyed himself; and in a letter which he wrote to me a few days before committing suicide, and which did not reach me until after his death, he said his life was embittered and made wretched by these terrible suggestions; but he thanked God that he had never once yielded to them, and that, although he was a Christian in principle, he felt he was not sinning against God by committing self-destruction, with the object of effectually destroying all chance of his giving utterance to thoughts that might contaminate the minds and morals of others! This was a case of *resisted* suggestion, as far as the thoughts were concerned.

At the Norwich Assizes, in the summer of 1805, Thomas Callaby was tried for the murder of his grandchild. A witness found the prisoner sitting at the side of his bed, one morning in March, about four o'clock: he had dreadfully wounded his wife in different parts of her body. The prisoner's daughter brought down the child with its throat cut; the bloody knife was in the room, and he was charged with, and confessed his crimes, but said, "I do not care anything about it; my wife has heard me say a short time before that I *should certainly murder some one, and I begged to be confined.*" It further appeared in evidence, that he knew when his paroxysms were

coming on; and on these occasions he had been known to tie himself down to the floor!

This affords a good illustration of a *resisted*, eventually becoming an *irresistible* impulse; but was not this wretched man as insane when he tied himself down to the floor, and requested his wife to place him in confinement, as when he yielded to the impulse and cut the throat of his grandchild?

Time will not admit of my considering the last division of my subject—namely, those mixed cases of passion, crime, and insanity, associated with a certain diseased temperament and hereditary tendency to mental disease, which, to my mind, clearly justify the merciful consideration of the Court, and some modification of punishment. Take for illustration the case of Lord Ferrers. The crime in this case is said to have been the result of deep-seated revenge. But what was his proved state of mind antecedent to the murder? It was established at his trial that he had long been the subject of *unfounded suspicions of plots and conspiracies, ravings, sudden attacks of fury, denunciations of unprovoked revenge, frantic and insane gesticulations*; that he was in the habit of standing before a glass, spitting and shaking his fist at his reflected image. Lunacy was hereditary in the family, and affected several of his relations. A *solicitor of reputation renounced his business on the full persuasion of his being disordered in his brain*. And long before the murder of his steward, his nearest relations had deliberated on the expediency of taking out a commission of lunacy against him. *Previously to his separation from Lady Ferrers, his violence of disposition was so conspicuous, that one of the peers declared from his seat in the House of Lords that he looked upon him as a maniac, and that if some effectual step was not taken to divest him of the power of doing mischief, he did not doubt but that they should have occasion to try him for murder*. After he shot Mr. Johnson, Lord Ferrers appeared to be conscious of his crime, and showed symptoms of pity; but when the surgeon had dressed the wound, the Earl declared to Mr. Johnson's daughter, as well as to the surgeon, that he intended to kill him, and did not repent what he had done, for Johnson was

a villain who deserved his fate. He then drank to intoxication, when his hatred became so excited, that he said "*he would not allow the wounded man to be removed to his own house; that he would keep him near himself in order to plague the villain.*" He then retired to his room, *abused and insulted Mr. Johnson, and threatened to shoot him through the head, and was with difficulty restrained from acts of violence.* Even at the moment of death, Lord Ferrers gave evidence of a questionable state of mind. It is recorded that he proceeded to Tyburn in his own carriage drawn by six horses, *dressed gaily for the occasion in a light-colored suit of clothes embroidered with silver;* and addressing himself to the sheriff, who appeared struck at his singular costume, Lord Ferrers remarked, "You may perhaps think it strange to see me in this dress; but I have my particular reasons for it." Although displeased at being hanged like a common felon, he behaved with propriety and composure, and took an opportunity of declaring he had *no malice* against Mr. Johnson, and that the *murder was committed in a perturbation of mind, occasioned by a variety of crosses and vexations,* but stoutly disclaimed being insane, having had recourse to this plea solely to satisfy his friends. Was not this a case of doubtful sanity, and one of modified responsibility? And would not the claims of justice have been satisfied if Lord Ferrers had been subjected to the severest punishment the law could inflict short of actual death upon the scaffold?

Analogous cases are occasionally recognised in our courts of law, and are acquitted of the capital offence, even when no marked symptoms of mental aberration are proved to have existed.

Mallandine was tried on the charge of attempting to murder her son. She was an unmarried woman, twenty-eight years of age; the child was a boy of six or seven. She was seen to throw him into the Regent's Canal at Haggerstone; and she would have plunged in herself, but a passenger came up and prevented her. The boy was rescued, and she was detained. She then proved to be in a state of wild excitement, brought on by distress. Her counsel, Mr. Cooper, suggested to the jury that the evidence disclosed such a state of

mind as did not amount to actual insanity, but prevented her from being aware of the effect of what she was doing. On that argument, apparently, the jury pronounced a verdict of acquittal.

Some years back, a man named Harrison was tried for murder in Scotland, respecting whom the following facts were established:—"He had a wish to join the sect of Quakers, and attended the meetings of that persuasion for some months, where he paid no attention to the worship, but muttered to himself, smelt his Bible, and pricked himself with pins or needles until he lost a considerable quantity of blood. On one occasion he demanded instant admission to the society. He went more than once to the meeting-house early in the morning, and was seen to kneel, and heard to invoke the Virgin Mary, while he wounded himself over with both hands, and smeared the doors with his blood. He habitually wounded his hands, wrists, and arms with needles or pins. He was in the habit of sucking the blood from his own wrists after every two or three mouthfuls of food." Many attempts were made to convince the authorities that these were not the manifestations of a perfectly healthy mind; but they were disregarded, and the poor wretch underwent the penalty of the law.

Much discussion arose at the time of Weston's acquittal for the murder of Mr. Waugh, in Bedford-row. It was questioned whether the verdict of Not Guilty "on the ground of his predisposition to insanity" met the justice of the case. His life was, however, saved. Some months after his trial, his insanity became so well marked that the authorities of Newgate obtained an order from the Secretary of State for his removal to Bethlehem, where I saw and conversed with him in an unmistakable condition of insanity.

When speaking of these modified cases of responsibility, Alison remarks:—

"Cases frequently occur in the highest degree perplexing both to the court and jury, which can only be justly resolved by an application of the principle and mode of proceeding above set forth. They are those in which the accused was to a great degree to blame, but would not probably have committed the fatal act but for some constitutional or supervening derangement which rendered him not so

far responsible as those who, by enjoying their reason unclouded, had no defence whatever against atrocious actions. In such cases there is a mixture of guilt and misfortune; for the former, he should be severely punished; for the latter, the extreme penalty of the law should be remitted."

Has sufficient allowance been made, in the legal consideration of the question of crime committed under the influence of delusion, or irresistible impulse, for a mind prostrated, enfeebled, overpowered, and crushed by a vast and gloomy delusive image, damming up the channels of thought, and destroying all freedom of action?

"I had a species of doubt," says a recovered maniac, describing what his feelings were during his attack; "but no one who has not been deranged can understand how dreadfully true and real a lunatic's insane imaginations appear to him—how slight are his insane doubts."

I may be asked what principle I would propound for the guidance of courts of law in these cases. I cannot but repeat what I have already declared to be my conviction, that in *every criminal case where the question of responsibility arises in the course of judicial inquiry*, IF IT BE POSSIBLE TO ESTABLISH ANY DEGREE OF POSITIVE INSANITY, IT SHOULD ALWAYS BE VIEWED AS A VALID PLEA FOR A CONSIDERABLE MITIGATION OF PUNISHMENT, AND AS PRIMA FACIE EVIDENCE IN FAVOR OF THE PRISONER; AND IN NO CASE WHERE INSANITY CLEARLY EXISTS (WITHOUT REGARD TO ITS NATURE AND AMOUNT) OUGHT THE EXTREME PENALTY OF THE LAW TO BE INFLICTED.

What, I may be asked, is my test of insanity? I have none. I know of no unerring, infallible, and safe rule or standard, applicable to all cases. The only logical and philosophic mode of procedure in doubtful cases of mental alienation, is to compare the mind of the lunatic at the period of his suspected insanity with its prior natural and healthy condition: in other words, to consider the intellect in relation to itself, and to no artificial *à priori* test. Each individual case must be viewed in its own relations. It is clear that such is the opinion of the judges, notwithstanding they maintained as a test

of responsibility a knowledge of right and wrong. Can any other conclusion be drawn from the language used by the judges when propounding in the House of Lords their view of insanity in connection with crime? "The facts," they say, "of each particular case must of necessity present themselves with *endless variety and with every shade of difference in each case*; and as it is their duty to declare the law upon each particular case, upon facts proved before them, and after hearing arguments of counsel thereon, they deem it at once *impracticable, and at the same time dangerous to the administration of justice, if it were practicable, to attempt to make minute applications of the principles* involved in the answers given by them to the questions proposed." This is a safe, judicious, and philosophic mode of investigating these painful cases; and if strictly adhered to, the ends of justice would be secured, and the requirements of science satisfied.

In considering the question of modified responsibility in connection with these cases of alleged insanity, we should never lose sight of the fact, that, even if a lunatic be fully exonerated and acquitted in consequence of his state of mind, he is doomed to linger out the remainder of his miserable existence in the criminal wards of a public lunatic asylum.

To talk of a person escaping the extreme penalty of the law on the plea of insanity, as one being subjected to no kind or degree of *punishment*, is a perfect mockery of truth and perversion of language. Suffer no punishment! He is exposed to the severest pain and torture of body and mind that can be inflicted upon a human creature short of being publicly strangled upon the gallows. If the fact be doubted, let a visit be paid to that dreadful *den* at Bethlehem Hospital—

*"Regions of sorrow, doleful shades, where peace
And rest can never dwell, hope never come,
That comes to all"—*

where the criminal portion of the establishment are confined like wild beasts in an iron cage!

Much has been said of the deterring effects of capital punishment.

I do not doubt its having some effect in preventing crime; but I incline to the opinion, that, if the real condition of those confined as criminal lunatics was well understood (assuming the insane to be amenable to the fear of punishment), it would act more potently as a deterring agent than any apprehension they might feel at the prospect of a public execution.

It was the opinion of Beccaria that the impression made by any punishment was in proportion to its *duration* and not to its *intensity*. "Our sensibility," he observes, "is more readily and permanently affected by slight but reiterated attacks than by a violent but transient affection. For this reason, the putting an offender to death forms a less effectual check to the commission of crimes than the spectacle of a man kept in a state of confinement, and employed in hard labor to make some reparation, by his exertions, for the injury he has inflicted on society."

In judicially estimating cases of crime connected with alleged conditions of insanity, it is our duty always to bear in mind, that, if an error be committed on the side of undue severity, it never can be remedied.

No reparation can be made for so great an injury—for so serious an act of injustice. If a criminal should be unjustly acquitted on the plea of insanity (and I admit such cases have occurred), a degree of injury is undoubtedly done to society, and the confidence in the equitable administration of justice is, to an extent, shaken. But can a judicial mistake like this for one moment be compared with the serious and fatal error of consigning an irresponsible creature to a cruel and ignominious death?

It is well observed by Bentham, that—

"The minimum of punishment is more clearly marked than its maximum. What is *too little* is more clearly observed than what is *too much*. What is not sufficient is easily seen; but it is not possible so exactly to distinguish an excess. An approximation only can be obtained. The irregularities in the force of temptation compel the legislator to increase his punishments until they are not merely sufficient to restrain the ordinary desires of men, but also the violence of their desires when unusually excited. The greatest danger

lies in an error on the minimum side, because in this case the punishment is inefficacious; but this error is least likely to occur, a slight degree of attention sufficing for its escape; and when it does exist, it is, at the same time, clear and manifest, and easy to be remedied. An error on the maximum side, on the contrary, is that to which legislators and men in general are naturally inclined—antipathy, or a want of compassion for individuals who are represented as dangerous and vile, pushes them onward to an undue severity. It is on this side, therefore, that we should take the most precautions, as on this side there has been shown the greatest disposition to err."

TABLE OF STATISTICS OF FRENCH LUNATIC ASYLUMS,
FOR THE YEAR ENDING JUNE 30th, 1856. EXTRACTED
FROM RECORDS IN THE DEPARTMENT OF THE INTERIOR, BY M.
ALEXANDRE VATTEMARE.

We have the pleasure of laying before our readers, in the following pages, a translation of the above-named valuable document, prepared for us by M. Alexandre Vattemare, already well known by his distinguished labors in the field of international literary exchanges. The table was received by us in June of last year, and would have been sooner published, had not the manuscript been mislaid on the occasion of the fire at the Asylum buildings in the following month.

The thanks of our profession are due to M. Vattemare for this new instance of the kindly offices by which he seeks to obliterate the distinctions of race and nation in the community of letters. The table illustrates the magnificent provision made by an absolute government for this, as for all other departments of its public charities, and suggests moreover the enviable accuracy and completeness of its public records. Similar statistics of the Asylums of our own country, taken in connection with a reliable census of the insane population, would be extremely valuable, and we trust will ere long be made accessible, as keeping us in mind how much yet remains to be done for this class of unfortunates, now consigned in so many instances to the care of non-professional incapacity.

DEPARTMENTS.	COMMUNES.	NATURE OF INSTITUTION.	PUBLIC INSTITUTIONS.				PRIVATE INSTITUTIONS.		TOTAL.	
			Indigent.		Pension r.		M	F	M	F
			M	F	M	F				
Ain,	Bourg,	Private, (St. Lazare),	112	...	31	...	414	...	557	557
Aisne,	See Clermont sur Oise.	do. (Ste. Madeleine),	201	...	77	...	138	...	416	416
Allier,	Moulins,	Public, (Ste. Catherine),	87	107	4	2	...	...	91	109
Alpes (Basses),	See Avignon.	...	...	...	...	...	...	...	...	200
Alpes (Hautes),	See St Robert, (Isère.)	...	...	...	...	...	...	...	...	...
Ardèche,	Privas,	Private, (Ste. Marie),	55	41	6	12	141	144	203	197
Ardennes,	See Fains, St. Venant, Maréville and Armentiere.	...	...	...	...	...	...	...	...	400
Ariège,	St. Litzier,	Public,	82	60	1	...	...	...	83	60
Aube,	See St. Dizier and Maréville	...	...	...	...	...	...	...	...	143
Aude,	Limoux,	Private, (St. Joseph de Plun),	85	51	...	...	12	12	97	63
Aveyron,	Rodez,	Public,	50	35	3	1	...	...	53	37
Bouches du Rhône,	Marseilles,	Public,	116	155	90	83	...	...	206	238
	do.	Private, (St. Rémy),	35	31	...	...	19	19	54	50
	do.	2 Maisons de Santé, .....	...	...	...	...	41	21	41	21
	Aix,	Quartier d'Hospice,	117	89	6	9	...	...	128	98
Calvados,	Caen,	Private, (Bon Sauveur),	158	180	...	...	142	213	300	338
Cantal,	Aurillac,	Quartier d'Hospice,	97	47	2	1	...	...	99	48
Charente,	Angoulême,	Quartier d'Hospice,	7	8	1	2	...	...	8	10
Charente Inférieure,	Lafond,	Public,	76	65	18	21	...	...	94	87
Cher,	Bourges,	Public,	36	50	1	2	...	...	37	52
Corrèze,	La Cellette,	Private,	162	...	...	...	14	...	176	...
Corse,	See Aix, (Bouches du Rhône)	...	...	...	...	...	...	...	...	...
Côtes-d'Or,	Dijon,	Public,	76	119	16	24	...	...	92	143
Côtes-du Nord,	Dinan,	Private, (St. Jean de Dieu),	216	...	...	...	209	...	425	...
	See St. Brieuc,	Quartier d'Hospice,	134	...	12	...	...	...	166	166

DEPARTMENTS.	COMMUNES.	NATURE OF INSTITUTION.	PUBLIC INSTITUTIONS.						PRIVATE INSTITUTIONS.		TOTAL.	
			Indigent.			Pensioners.			M	F	M	F
			M	F		M	F					
Creuse,.....	See Kion and Limoges.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Dordogne,.....	See Leymes, (Lot)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Doubs,.....	Bellevant,.....	Public,.....	17	21	15	17	.....	.....	.....	.....	32	38
	Beaucourt,.....	Maison de Santé,.....	.....	.....	.....	.....	.....	.....	2	2	2	4
	Pontarlier,.....	do. do. ....	.....	.....	.....	.....	.....	.....	2	2	2	4
Drôme,.....	See St. Alban (Isère) and St.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Eure,.....	Jean de Dieu, (Rhône). ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Eure et Loire,.....	Evreux,.....	Quartier d'Hospice,.....	33	22	.....	.....	.....	.....	.....	.....	33	22
Finistère,.....	See Quartier d'Orléans (Loi-	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Quimper,.....	Public,.....	169	.....	12	.....	.....	.....	.....	.....	181	.....
Gard,.....	Morlaix,.....	Quartier d'Hospice,.....	.....	110	.....	16	.....	.....	.....	.....	.....	126
Garonne (Haute),.....	See Marseilles and St. Alban.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Toulouse,.....	Quartier d'Hospice,.....	135	122	26	18	.....	.....	.....	.....	161	140
Gers,.....	do.	Maison de Santé,.....	.....	.....	.....	.....	.....	.....	50	22	50	22
	Auch,.....	Public,.....	70	62	9	6	.....	.....	79	68	147	.....
Gironde,.....	Cadillac,.....	Public,.....	285	.....	52	.....	.....	.....	.....	.....	337	.....
	Bordeaux,.....	Public,.....	.....	208	.....	89	.....	.....	.....	.....	297	297
Hérault,.....	Castel d'Andort,.....	Maison de Santé,.....	.....	.....	.....	.....	.....	.....	11	6	11	6
	Montpellier,.....	Quartier d'Hospice,.....	141	88	77	25	.....	.....	.....	.....	218	313
Ile et Vilaine,.....	do.	Maison de Santé,.....	.....	.....	.....	.....	.....	.....	13	8	13	8
	Pont St. Come,.....	Maison de Santé,.....	.....	.....	.....	.....	.....	.....	12	6	12	6
Indre,.....	St. Meen,.....	Public,.....	147	152	32	27	.....	.....	.....	.....	179	179
Indre et Loire,.....	See Limoges.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Isère,.....	Tours,.....	Quartier d'Hospice,.....	103	129	2	8	.....	.....	.....	.....	105	137
Jura,.....	St. Robert,.....	Public,.....	52	68	15	11	.....	.....	.....	.....	67	79
	Dôle,.....	Public,.....	92	81	7	4	.....	.....	.....	.....	99	85
	do.	Capuchin, (Private),.....	.....	.....	.....	.....	.....	.....	23	16	23	16

DEPARTMENTS.	COMMUNES.	NATURE OF INSTITUTION.	PUBLIC INSTITUTIONS.				P. T. E.		TOTAL.	
			Indigent Pension'r.				IN- TIONS.			
			M	F	M	F	M	F		
Pas de Calais.	St. Venant,	Public,	366	15	..	..	..	381	381
	{ Puy de Dôme,	Quartier d'Hospice,	49	1	..	..	..	50	50
		Private,	3	30	67	170	70	200	270	
	Pyrennées, (Basses),	Public,	76	65	12	5	88	70	158	
	Pyrennées, (Hautes),	See Public Asylum of Pau.	..	..	..	..	..	..	..
Pyrennées, (Orientales),	See Limoux, (Aude)	..	..	..	..	..	..	..
Rhin, (Bas),	Stephansfeld,	Public,	169	185	29	83	198	218	416	
Rhin, (Haut),	See the above.	Quartier d'Hospice,	198	143	78	117	276	260	536	
Rhône.	{	St. Jean de Dieu, (Private)	272	..	197	..	469	..	469	
		Champsvert, (Private), . . . . .	..	..	40	30	40	30	70
		St. Julien, . . . . .	..	..	4	10	4	10	14
		St. Vincent de Paul, . . . . .	..	..	..	35	..	35	35
		Cuivre, . . . . .	..	..	2	10	2	10	12
Saône, (Haute),	{	Croix Rousse, . . . . .	..	..	10	24	10	24	34
		Vaugneruey, . . . . .	..	..	..	88	..	88	88
		St. Jean, . . . . .	..	..	480	..	480	..	480
		Le Mans,	89	127	39	83	128	160
		Charenton, . . . . .	..	..	252	250	252	502	502
Sarthe.	{	Paris, . . . . .	..	1318	..	..	252	1318	1318
		Biètré, . . . . .	..	..	..	..	..	..	..
		Paris et Banlieue,	981	..	267	242	267	242	509	981
		St. Yon,	415	107	522	522
		Quatremares,	238	59	297	..	297	297
Seine.	{	See Clermont sur Oise.	..	..	..	..	..	..	..
		Seine et Loire,
		Seine,
		Seine Inferieure,
		Seine et Marne,

Seine et Oise,.....	See Clermont sur Oise.	Quartier d'Hospice,.....	50	74	2	5	.....	52	79	131
Sèvres Deux,.....	Niort,.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Somme,.....	See Lommelet, Clermont sur Oise and Armentières.	Private, (Bon Sauveur),...	60	50	2	.....	23	15	86	150
Tarn,.....	Alby,.....	Quartier d'Hospice,.....	41	36	.....	.....	.....	41	36	77
Tar et Garonne,.....	Montauban,.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Var,.....	See St. Remy and Aix.	Public,.....	96	85	26	12	.....	122	97	219
Vaucluse,.....	Avignon,.....	Public,.....	44	29	20	26	.....	64	55	119
Vendée,.....	Napoléon Vendée,.....	Quartier d'Hospice,.....	64	68	.....	9	.....	75	77	152
Vienne,.....	Poitiers,.....	Public,.....	83	83	26	28	.....	109	111	220
Vienne, (Haute).....	Limoges,.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Vosges,.....	See Maréville,.....	.....	81	111	23	60	.....	104	171	275
Yonne,.....	Auxerre,.....	Public,.....	.....	.....	.....	.....	.....	.....	.....	.....
TOTAL.....		.....	8151	8715	1378	1699	2628	1657	12157	12071
		.....	.....	.....	.....	.....	.....	.....	.....	24228

RECAPITULATION.

		Males. Females. Both sexes.	
In Public Institutions	Indigent	8,151	8,715
	Pensioners	1,378	1,689
In Private Institutions		2,628	1,657
Total		12,157	12,071
		.....	24,228

RATIO TO POPULATION.

		Population. No. Insane. Proportion.	
Northern Departments	.....	18,421,000	14,350
	.....	.....	1 in 1,600
Southern do.	.....	17,360,000	9,578
	.....	.....	1 in 1,900
In all France, - -		35,781,000	24,228
		.....	1 in 1,400

THE CASE OF WILLIAM SPEIRS. ARSON. PLEA OF
INSANITY.

On the fourteenth day of July, 1857, at half past seven o'clock in the morning, the cupola of the New York State Lunatic Asylum, at Utica, was discovered to be on fire. The flames spread inwardly through the great central building, the greater portion of which, unfortunately, with a narrow economy, had been constructed from bottom to top with framed partitions, instead of brick or other incombustible material; which therefore fed, rather than opposed, the conflagration. Every thing but the external stone walls, and the fine Grecian portico and pediment of the main front, was destroyed; and even these, substantial as they were, suffered severely. The roof of the east wing, and part of its interior, were also partially destroyed, and the west wing slightly injured. The fire was not fairly conquered until afternoon. Aside from the possible injury to the five hundred and fifty occupants of the buildings, and from the certain destruction or serious damage of valuable property, both public and private, the scene was one of great interest; and the fiery spectacle, although in broad day-light, was as sublime as the eruption of a volcano, or the trembling of an earthquake, and quite as unexpected as either. The extreme sultriness of the day, almost overpowering human exertion, and the want of efficient means of reaching and applying the abundant supply of water in the attic tanks by fire engines, thus compelling the exclusive use of buckets, prolonged the fury of the flames, until finally they were subdued by an application of steam from the heating apparatus of the Asylum, which showed its power in the conquest of the element to which it owes its mighty efficiency, and in the aid of the other element without which it could not exist. Steam, and its auxiliary, water, with such human efforts as could apply both, at length succeeded in extinguishing, midway of its violent career, the enemy that threatened the complete destruction of a noble pile.

In respect to the inmates of the great building, every precaution was taken that the surprise of the occasion and the means at hand would allow. All of the females, and such of the males as were particularly exposed, were detached by the direction of the Superintendent, under the charge of various assistants, in admirable order, to the woods in the rear of the buildings, where they remained, under suitable military and civic guard, spectators of the scene, until they could be safely restored to suitable quarters under the still protecting wings of the Asylum. The early evening saw them all safely housed again, with perhaps an exception or two of such as escaped custody in the confusion, and became wanderers either from willingness or fright, all of whom returned. The wing occupied by the male patients not being in imminent danger, it was not thought necessary to remove them, and they all retired at night as usual without any injury.

Four days afterwards, in the afternoon, the stone barn and stables on the Asylum grounds were discovered to be on fire; and a man was seen going from them to the same woods which before had been the shade and shelter of a number of the inmates, himself among them.

This man was William Speirs, who had been sent to the Asylum in 1850, on the order of a Court of Oyer and Terminer, which relieved him, after an arrest, from a trial for arson, on the ground of insanity. In 1856, he was discharged by an order of a Justice of the Supreme Court. After his discharge, he was employed, with casual intermissions, as a messenger, as a compositor in the printing office, and otherwise, until the period of his arrest for the arson of the Asylum barn.

On that occasion he confessed that he not only committed that act, but that he also fired the central building a few days before. An examination was forthwith had before Justice Bacon of the Supreme Court, in the presence of Judge Denio, of the Court of Appeals, some of the physicians and trustees of the Asylum, and other persons. The result of the examination was the committal of Speirs to the county jail at Utica, to await the action of the Grand Jury.

He was afterwards indicted for the crime of arson, and in May 1868, was tried for that offense at a Court of Oyer and Terminer of Oneida county, held at Rome by Justice Allen of the Supreme Court. The District Attorney, aided by Mr. Ward Hunt, conducted the trial of the case on behalf of the people, and Mr. E. J. Richardson, on the part of the accused.

Edmund A. Wetmore, of Utica, Treasurer of the Asylum, was the first witness called on behalf of the people. He testified to the mode of occupation of the Asylum-buildings, at the time of the fire, on the 14th of July, 1867; and to the destruction, by that fire, of the centre-building, and of a portion of the south wing. He also proved the burning of the barn on the 18th July. In reference to the confessions of the prisoner, he testified as follows, viz :

I had a conversation with the prisoner, William Speirs, while the barn was burning, on Saturday, the 18th of July, in one of the rooms in the north front wing of the Asylum. Doctor Gray and Owen Jones were present. I asked Speirs if he set fire to the centre-building. He said he did. I asked him how he did it. He said he went into the main air-passage in the attic, and made a fire around a square box there, with some paper and light stuff; and that he set a fire in two or three places in the open attic, with some pieces of candle. I asked him why he did it; he replied, that he was "mad." I asked him for what? and he said that Dr. Chapin sent him away from where they were making balloons, and would not let him help. I asked if he was "mad" at any thing else; he hesitated, and Dr. Gray repeated my question. He looked at the Doctor, and said, "You took away my keys."

On cross-examination, Mr. Wetmore testified that he had, at times, for several years, seen the prisoner in the halls of the Asylum; that he knew him only by sight; that when he first saw Speirs on the 18th of July, he was in the room which has been mentioned, in the charge of Owen Jones, who was a laborer at the Asylum; that he (Speirs) was agitated during the conversation, but at times controlled himself, and spoke calmly, and that he expressed no regret. The

witness further stated that Dr. Gray first asked Speirs if he set fire to the barn and centre-building, and that he replied that he did; and that the witness then commenced questioning him as already related. Speirs said he set fire to the barn in the straw (or hay) with a match, that he then went out, and went to the woods, or grove, on the Asylum farm, and stood in the edge of the woods, and looked at the fire. He said that he was in the grove during the burning of the centre-building. He did not say that he was pleased with the fire; said nothing upon that point.

William Walker testified that he resided on Plant street, Utica, and had charge of the paint-shop at the Asylum, and was there on the morning of the 14th of July, before the fire broke out. Dr. Gray, his family, and the assistant physicians, were occupants of the centre-building.

On cross-examination, he testified that the paint-shop was about 70 yards from the centre-building. The fire broke out about twenty or twenty-five minutes after 7 o'clock. He got to the Asylum at 7 o'clock; lived about a mile from there; was there the night before; went from his house to the paint-shop in the morning; did not see any of the persons named by him that morning.

Witness saw Speirs brought from the grove at the fire of the barn; did not speak to him; was 40 or 50 yards from him; had frequently seen prisoner laugh; ask him a question, and he would answer it correctly; saw the prisoner in the woods, after the fire broke out, standing in the shade, with others.

The prosecution here rested.

The prisoner's counsel then called Dr. John P. Gray, the Superintendent of the Asylum, who testified that he had been connected with the Asylum from Sept., 1850, first as an assistant physician, up to July, 1854, and subsequently as Superintendent. An order of the Court of Oyer and Terminer, dated Jan. 14th, 1850, was presented, and stated to be that on which Speirs was sent to the Asylum. Dr. Gray further testified that Speirs was at the Asylum at the time of the fire; that with the exception of four or five weeks in Sept. and Oct. of 1856, Speirs had not been away, from the period of his knowl-

edge of him in 1850; that he had no personal knowledge of Speirs' whereabouts during his absence in 1850; that Speirs took with him when he went away the keys he had as a dining-room waiter, and brought them back on his return; that in 1850 and 1851, he had charge of the male department, and then treated Speirs for an abscess and slight caries of the thigh-bone; never treated him for any disease subsequently, neither for the habit of masturbation. Witness read from case-book: "William Speirs, New York City, admitted Jan. 21, 1850, single, aged 23 years, barber, native of Scotland, has been in this country about eighteen months; has been in the asylum on Blackwell's Island eleven months of the last eighteen; the time he has been deranged and the cause are unknown; not suicidal; escaped conviction on the ground of insanity, and ordered to be sent to the New York State Lunatic Asylum; quiet on the way; particulars of his history not known." The foregoing entry was made in the hand-writing of Dr. Cook, who was assistant physician at the Asylum at the time Speirs came to the institution. A subsequent entry states that he "Was placed in the second hall, assists in hair-dressing and shaving, and is quite industrious, cheerful and contented." March 1, 1850, a statement is made that he "Says he has no inclination to burn buildings or injure others." April 1, 1850, entry is, "Appears well." In August, 1850, he was removed from the second hall to the first, or convalescent ward. For the years 1851-2, and up to 1856, when he was discharged, the entries are that he was "well," "industrious," "doing well," &c., and are in the hand-writing of Drs. Cook, Porter, Headley, Chapin and myself. In 1853, Dr. Headley records, "Has the appearance of a masturbator," and adds prescription. In 1854, Dr. Cook records, "Still works in printing-office, and about the house; mind not strong, but he gives little evidence of derangement." Was discharged as well, Feb. 1, 1856, by order of Justice Bacon, of the Supreme Court. My first record in his case is dated March, 1851. The habit of masturbation in excess debilitates the body, lessens a man's self-respect, and may impair the mind, and is often the cause of insanity; have been consulted in cases where the habit had not

perceptibly impaired the mental faculties;—the tendency is to impair the general health, and thus reach the mind. It frequently induces feelings of melancholy and unhappiness, especially when the habit is recognized as a sin and a vice.

On cross-examination, Dr. Gray testified that at the time of the fire, he resided, with his family, in the central building of the Asylum; that the prisoner was discharged as a patient, Feb. 1st, 1856; was subsequently employed as dining-room waiter on the first hall; continued in that capacity till towards spring, and discharged his duties well, with the exception of a little shortness occasionally towards patients. In June he was suspended from duty for swearing, and the keys he had were taken from him, but in a few days given to him again, and he was allowed to resume his place. He sometime after this applied for a place as attendant; this was refused him; learned he was dissatisfied with his position. Subsequently he left; I think in September. He returned afterwards and wanted employment; I declined employing him. He said he was out of money, and, as he appeared destitute, I said he might remain for the present and work in the printing-office, and at other useful employment, and on leaving he would receive what was right; he thus remained until the occurrence of the fire. At one time Gen. Smith requested that he might act as his special attendant, and it was granted. He was making himself generally useful up to the time of the fire. I considered defendant a sane man in Feb. 1856, and my opinion remained unchanged up to the time of the fire. Some of the entries in the case-book are in my hand-writing; such as his doing work in the printing-office, improving in reading, writing, &c.

Direct examination resumed:—Sent him up to the second hall after discharge in spring of 1856; insane persons are on this floor; don't remember whether his room was then locked up at night; was suspended for swearing; sent him up stairs until the case could be investigated; attendants frequently sent off for violating discipline. He only staid up stairs a few days; he received \$12 per month; did not deduct the time he was up stairs. Sent after defendant at the time of the burning of the barn; sent

Owen Jones for him; met Owen Jones, who said, "Billy Speirs came out of the barn just as the fire broke out, and went towards the woods." Sent Jones after him; was gone ten or fifteen minutes; Speirs came back willingly; do not recollect seeing Speirs on the morning of the fire of the 14th; subsequently saw him, and he appeared as usual. Margaret Speirs testified that prisoner was her son. She had resided in New York for ten years; they came from Scotland in 1847. Prisoner is about 30 years old. He had a sun-stroke in Scotland in the summer time; the blood came out of his mouth, nose and ears. He was asleep on a steamboat in the sun at the time. When witnesses saw him, his face was very red, and she told him he ought not to have slept in the sun. He was silent. He was always silent. We got the doctor, and he said he was surprised that he lived; that his brain was boiled. After this he would go out and stay out days and nights. He was always very quiet and civil. I noticed no change in his disposition after that. Before that he did not go out; he had hurt his hips. After he got to New York, he got employment as a barber, and remained only five days. He did not come home, but staid out for more than eight days, and we did not know where he was. The first we heard, he had been sleeping in wagons, and went into a house and got some things, and was going to set the house on fire, and he had been taken up, and I went to see him at the jail. He was tried. It was several months before he came to the city. He then got into a saloon and staid there about three weeks. He did some depredation there. Cannot say what it was. He was tried and sent to Utica. After the sun-stroke he was not as amiable as before.

On cross-examination, she testified that the prisoner was 16 or 17 years old when he had the injury to his hips; he was sick a twelve-month; she was taking him to the doctor about a year after this injury when he was sun-struck; he had not then entirely recovered from the injury; he went home from the boat well enough; we lived a mile or so from the boat; he walked home; we were in the house a little while when he got sick; the first indication was, he

threw out blood from his mouth, and nose, and ears; as to ears; witness was not certain; he could not sit up; he was confined to his bed the next day, and to the house a little time after this—perhaps two or three weeks; he got perfectly well after that, and did well a good long while after, and then began to stay out; when he was displeased he would go out and stay out all night; witness has two other children living; he would not quarrel with them, but would get displeased at trifling words from witness or any other person.

On re-examination, she said that her daughter had been insane, and sent to Blackwell's Island, where she was ten or eleven months; grief and other causes produced the insanity; she is perfectly well now.

Owen Jones testified that he resided in Utica, and was employed in the Asylum at the time of the fires; he worked on the farm; Dr. Gray sent him for prisoner; he went and found him in the woods about 50 rods from the barn, standing there with some other persons, looking at the fire. He saw witness coming. Witness discovered nothing unusual about him; he was not laughing; witness asked him if he had any matches, he said not; nothing was found in his pockets; witness said he wanted him to go home with him, and prisoner said he would. Witness asked him what made him set the barn on fire, and he said, Dr. Gray took his keys away, and Dr. Chapin did something. Witness was about fifty rods from the barn, and near the woods, when he discovered the fire in the barn; he met prisoner, who said witness was too late to save the barn; prisoner was alone. Witness told Dr. Gray he saw prisoner go in and come out of the barn. Did not see prisoner at any time on the fourteenth of July.

John Hawthorne testified that at the time of the fire he was at the jail in Utica, of which his brother was keeper; he was there when prisoner was brought there, and saw him about every day for three or four weeks, and conversed with him occasionally; he avoided every other subject except that of firing the building; had conversations with prisoner about fires probably a dozen times while he

was there—the fires in the Asylum, or in New York and West; asked him whether he was guilty.

Here the prisoner offered to show that on several occasions, while in jail, he freely admitted the different fires which he had set in New York and out West, while he was absent from the Asylum; and that also, while in jail, he expressed a desire and asked to set fire to a wooden building outside the jail, and that he did burn whatever he could get hold of—one of the inmates hat and clothing; the purpose of the offer being to show insanity. Objected to and excluded. He also offered in evidence his own writings while in jail, to show insanity; and among them a poem entitled “The Burning of the State Asylum, by William Speirs, the Turnkey.” Objected to and excluded.

Dr. Horace B. Day was then called, and testified that he had resided in Utica five years, and had been a physician fourteen or fifteen years. Have seen prisoner several times in jail, and here; am physician of the jail at Utica. Believes he has prescribed for prisoner on one or two occasions for seminal weakness; judged it to be the result of masturbation; would not dissent from Dr. Gray as to the effects of that habit. Has heard most of the testimony; could not understand prisoner's mother.

Question. “From what you have seen of prisoner, and what you have learned of him, what is your opinion as to his sanity or insanity?” (Objected to and objection overruled.)

Answer. He is a subject of monomania or *insania impotens*; it is pyromania; the manifestations of it are to fire buildings, or a desire to. Upon all other subjects he might be perfectly sane. The impulse is probably uncontrollable, or else the act would not be committed. It is not always accompanied with a delirium. Could not form an opinion as to the difficulty with prisoner from the evidence of his mother. His personal appearance does not indicate insanity.

On cross-examination Dr. Day testified thus: Pyromania is a desire to fire buildings that is irresistible; there is nothing in the evidence to show this disease in prisoner. Don't think Conkling

(who fired churches and other buildings in Utica a few years ago) was excusable in the fires he told of setting. Could see no reason for this, except in this irresistible impulse. There are cases of irresistible impulse where it can not be traced to bodily disease. Never had personal knowledge of a case of this impulse, except as caused by disease. Have read such cases in "Eberle's Practice of Medicine," and in "Wood's Theory and Practice of Medicine." Have never made insanity a special study, nor read any works devoted to that subject. Have read authentic cases of pyromania in books; can not say how many cases. Dr. N. H. Dering testified that he had resided in Utica ten years, four years in Rome, and twenty-six years in New York, and had been a physician forty years. He saw prisoner at the examination before Judge Bacon, and next saw him to-day. Noticed his appearance at that examination, and only had been in court to-day. The examination before Judge Bacon occupied three or four hours. Have heard the witnesses testify to-day. Witness made up his mind at the examination that prisoner was not a sane man; could then see his countenance. There appeared to be a total absence of all consciousness of guilt. The great anxiety to set the witnesses right as to how the fire was made, and to explain how he set fire to the attic, and the evidence of Jones; the conduct and the general history of his life; the firing of the buildings; and being perfectly indifferent as to the consequences; and the pleasure he evinced in looking at the fire, induced witness to suppose that he was insane.

Masturbation would debilitate the mind and produce insanity.

On cross-examination, the witness said that he saw nothing in the prisoner at the examination that induced him to suppose that he was laboring under any bodily disease; it was wrong to premise bodily disease. It must have arisen from a previous disarrangement of the system; no particular local disease that witness knew of. Witness only discerned the want of common sense. There is insanity where there is no disease perceptible—when the cause can not be discerned. The statement of the mother as to his absence after coming to New York, and the illness on the boat, would indicate in-

sanity. The effect of the sun on the brain, on the boat, witness thought had an effect upon the system—upon his temper and life. All that his countenance indicated was a low order of intellect.

Dr. Moses H. Ranney testified :—I reside in New York city, am a physician by profession, and resident-physician of the New York City Lunatic Asylum, Blackwell's Island ; have held that office over eleven years. At present there are over six hundred and fifty patients in that institution. I first saw prisoner in 1848. He was placed under my care in Oct. 1848, with the usual commitment for insanity. This was after the first, and before the second fire spoken of by Mrs. Speirs. On the 14th of Oct. 1849, he was discharged at the request of his friends. I saw him a few weeks after his discharge when he was arrested for attempting to burn a building in the city ; I next saw him to-day, when he told me he was in jail on account of having burned a portion of the Utica Asylum, and the barn ; I inquired of him if this and the two attempts in New York city, were the only acts of this character he had committed ; he said he burned a building in Peoria, while absent from the Utica Asylum, and that afterwards he wandered about a day or two ; that no one suspected him but his uncle, who inquired of him about it, and advised him to return to Utica. I asked him as to the motives which prompted these acts. He stated that there was no very direct motive for setting fire to the first building he burned in New York, but he felt melancholy ; the second attempt in New York was on account of a waiter being saucy to him. He had no motive for burning the building at Peoria, except that he was melancholy.

He gave as a reason for burning the Asylum, that he was displeased with the Superintendent for having stopped his wages, and taken away the keys. In relation to burning the barn, he said ; "It seems I was not satisfied, but wanted to burn more buildings." He told me that he wished to burn the whole of the Asylum, and went afterwards for this purpose, but found the doors barricaded. In reply to a question as to his future course, he stated that very likely he would burn more buildings if the feelings came over him ; that when he felt bad, he had this disposition, and felt better after it

was accomplished. He told me that he had not slept well, and that for years he practiced masturbation. His manner was mild; he seemed perfectly frank and unimpassioned, and in fact exhibited very little feeling on the subject. I asked him various questions relating to delusions or hallucinations, but could detect none. I saw no disposition to impress me that he was insane, nor evidence of feigning. I believe that he is not responsible for his acts, from the fact that he was undoubtedly insane in 1848; that there was a predisposition to the disease, and that the course pursued by him at Utica and his present appearance are much more in consonance with insanity than sanity. I think his intellect is of a low grade,—that he is partially imbecile. The divisions of insanity are to a great extent arbitrary. I think his insanity would be classed under Pyromania; it is not of an impulsive character, nor connected with delusions proper, but with a perversion of the moral qualities of mind, combined, as before stated, with weak intellectual powers. His condition while in our institution in 1848 is thus described in the case-book: "His eyes had a wild, unnatural appearance; he had periods frequently of being gloomy and taciturn; at these times was very sullen, not inclined to do any thing: these periods would last a week or more." I did not observe these changes the last few months he was in the Asylum. A sister of prisoner was insane, and an inmate of the Asylum with him.

Cross-examined.—I discovered no delusion; think he had no uncontrollable impulse. I believe the act resulted from a perverted condition of the several moral faculties of the mind, with a propensity to burn buildings, and a feeble intellect. Probably at the time the propensity was uncontrollable. Impulse is the result of a state of the will. This propensity to destroy arises from a perversion of the several faculties. The propensities proper, as a division of the manifestations of mind, give tone and direction to the disposition. They are not the same as Will. Perhaps any thing that would excite the prisoner would induce him to burn buildings, or even might stimulate him to commit an assault with intent to kill. I judge that he is a pyromaniac, because he has committed these acts, and is insane. He does not possess the power to prevent the commission

of an incendiary act, even if he knew he would be punished. I suppose there is a change in the brain which produces this condition of mind. The disease of brain I infer from its abnormal functions and the physical symptoms.

Dr. John P. Gray, on further cross-examination, said, that during the early part of prisoner's residence in the Asylum, there was an open fire in the ward where he was, and there were lamps and gas there. Prisoner was frequently in the main building, where there was fire. He frequently went with and for the mails to the city. Witness never observed any difficulty with the prisoner about the fires.

The prisoner rests.

Dr. Geo. Cook, being sworn for the people, testified:—I reside at Canandaigua, and am resident physician of Brigham Hall, an asylum for the insane. Have had medical charge of that institution two and a half years. Was connected with the Asylum at Utica from January 1848, to July 1855, with the exception of one year, spent in visiting institutions for the insane in this country and in Europe.

I knew the prisoner at Utica. I received him, and recorded in the case-book of the Asylum such particulars of his history as were known to the person who brought him. He was not under my particular care, except for a few months; but I saw him frequently. Have seen him to-day in the jail, and conversed with him, and have also heard much of the evidence given in court. From my observation of him to-day, and from the evidence presented, I am of the opinion that the prisoner, though imbecile to a degree, is now sane, and that he was sane last July. Nothing in the testimony, according to my judgment, conflicts with this opinion.

Cross-examined.—I do not remember to have prescribed for the prisoner while at Utica. From my observation of mental disease, I am of the opinion that there cannot be great disturbance of the moral faculties without some degree of intellectual disturbance, therefore I do not recognize such a disease as *moral insanity*, when by that term is meant *moral disease coëxisting with intellectual sound-*

ness in the same individual. No case of purely moral insanity has ever come under my observation. Mental disease may be partial ; it may manifest itself to a greater degree in some of the moral and intellectual faculties than in others ; or it may be general, involving all the faculties. I do not think a person can be insane upon one subject and sane upon all others ; the prominence of a controlling delusion often masks the false perceptions, and the errors in reasoning and judgment, and hence the term by which this phase of mental disease is generally known. The opinions given are based on my own observations. I have seen nothing in the prisoner during the time that he has been under my observation, and have heard nothing in the testimony here presented, to convince me he has any disease causing intellectual disturbance.

Dr. Bell testified that he had devoted almost the whole of his professional life to the study of mental diseases ; had been at the head of the McLean Asylum for the Insane, near Boston, for nearly twenty years, and had had the care of several thousand patients, had much experience as a witness in cases involving questions of mental responsibility. Had seen and examined the prisoner in October last, at the jail in Utica, introduced himself candidly to the prisoner as having come to examine his mental condition, but suggesting that Speirs should decline answering unless he chose ; that there was no wish on Dr. B.'s part to entrap him, or take advantage of his situation. To this Speirs freely replied, that he should like to converse with him, and referred to his having known of him in connection with a meeting of Hospital Superintendents at Utica, in the chapel. This interview was about an hour and a half in length.

The conversation turned on the immediate act for which the prisoner was confined. He admitted the firing of the Asylum, went into a detail of its manner, and gave as a reason for it, the way in which he had been treated since his return from the west ; said that his expected or accustomed wages, or remuneration for services, had been denied him ; that his keys had been taken away from him ; and expressed some regret for those whose lives had been lost at the fire, but mixed this with the idea that they had exposed themselves fool-

ishly and unnecessarily. The topic of his early life, and the two formerly perpetrated acts of arson followed. In one of these, the firing of a barber's shop, he gave an explanation, involving an adequate motive; and as regards the other, the setting on fire an eating-house where he was engaged as a waiter, he represented that he had been provoked and injured by some one connected with it, and who he believed would suffer from its being closed. He was closely enquired of as to any peculiar feelings of distress, sleeplessness or restlessness, or heat, prior to any one or all of these acts of incendiarism; or as to any unusual sensations of any kind.* He disclaimed wholly any feelings beyond those of anger for having been so treated.

The witness being asked the opinion he had formed from all that he saw and heard at the interview with Speirs and the testimony presented on the trial, replied that he had been unable to find any evidence that the prisoner was laboring under any delusion or pyromaniac impulse, either at the time when the Asylum was fired, or at any previous period in his history.

Question.—What is his state of mind now?

Answer.—My opinion is that he is now a sane man.

Dr. Bell also testified to the extreme unfrequency of *pyromania*; he had never seen but one case of it. It was confined almost exclusively, according to the best authorities, to young females, where difficulties in the catamenial function existed.

On *cross-examination*, he said, that he had stated the substance of all that transpired in his interview with the prisoner. In the case of mental disease, the exciting causes would be less apt to produce paroxysms or relapses in an asylum than out of it.

JUDGE ALLEN charged the jury, that the questions to be passed upon by them, were,—

1st. Did the prisoner commit the acts charged in the indictment? and

* At the trial some months after, some medical witnesses, who visited him just previously, testified that Speirs professed having had all the sensations referred to, just before he set the fires.

2d. If he did, was he, at the time, of sound mind, capable of distinguishing between right and wrong in respect to these acts?

If to both questions the jury should respond in the affirmative, they would, by a general verdict, pronounce him guilty of the offence with which he was charged; and when they were deciding upon the guilt or innocence of the accused, he was entitled to the benefit of every reasonable doubt arising upon all the evidence upon both branches of the case. After alluding in detail to the evidence touching the commission, by the accused, of the acts complained of, the Judge proceeded to state that the point most pressed in behalf of the prisoner, and the question of most interest and difficulty, if there were any difficulties in the case, was as to the legal responsibility of the prisoner for his acts; the law mercifully excusing from the penal consequences of such acts those who were deprived of their reason, and whose minds could not consent to their acts.

Upon this question the jury had the benefit of the testimony of gentlemen of high reputation, acknowledged skill, and great experience in mental diseases; as they did not agree in their opinions as to the mental condition of the accused, it would be the duty of the jury, upon all the testimony in the case, to decide for themselves in the exercise of their good judgment, and with the light and aids which they had. In matters without the range of the ordinary knowledge and experience of mankind, and in which courts and juries are not supposed competent to form correct opinions, it was usual to call to their aid persons of learning and skill in those matters, who were permitted to give their *opinions as evidence*. Conclusions and inferences properly deducible from facts proved, which in ordinary cases were drawn by the jury, were, in matters of science, skill, trade, and other like cases, proved as *facts*, by competent witnesses, called *experts*.

While the opinions of men who had devoted their lives to any specialty in science or trade were entitled to great weight, the mere expression of an opinion by an expert did not necessarily conclude the jury; but, in all cases, they must be satisfied with its correctness. The character of the witness for skill and integrity might be

such that his bare statement would carry conviction with it ; but the testimony of an expert must undergo the same ordeal, and be subjected to the same tests, as that of other witnesses, and due credit and effect were to be given to it, to the extent that the skill, learning and experience of the witness, his opportunities, his knowledge of facts necessary to the formation of a reliable opinion in the particular case, and his apparent candor and truthfulness justified. The reasons and authority for the opinions of witnesses, where opinions were competent, were proper subjects of consideration by the jury ; especially was this so when, as in this case, there was a conflict in the testimony of such witnesses.

All the medical witnesses agree that the prisoner was of a low grade of intellect, which of itself did not excuse from legal responsibility for crime ; but they did not agree in respect of his sanity or insanity. Some of the witnesses on the part of the defense were of the opinion that the accused was, at the time of the commission of the offence, " a subject of monomania, or insane impulses ;" that " he was not a sane man." It was proper to say that these witnesses, although highly respectable physicians, had not made the study or the cure of mental diseases a specialty. Another witness, for many years connected with an asylum for the insane, also called for the defense, speaks more cautiously ; but gives it as his *impression* that he was insane ; that he was partially imbecile ; that he " seemed to have exhibited a desire to burn buildings ;" but said " it was not impulsive insanity ;" " his moral faculties were effected to a great extent, and he had but little moral sense, and he seemed to have a disposition to burn buildings." This witness discovered no evidence of delusions in the mental exercises of the accused, but thought he was under the influence of uncontrollable impulse, and that it arose " from a perverted condition of the moral faculties of the mind, with a propensity to burn ; his intellect was feeble, and probably at the time the propensity was uncontrollable."

On the other hand, witnesses of large experience in the treatment of the insane, and among them Dr. BELL, lately and for many years at the head of the McLean Asylum, in Massachusetts, and eminent

in his profession, occupying a place in its front rank, unhesitatingly declares the prisoner to be sane. The witnesses upon either side were not understood to have discovered, or to testify to any particular manifestations of disease affecting the knowing or reasoning faculties, or that the prisoner labored under any delusions which ordinarily attended the exercises of a diseased mind, and which were regarded as evidence of a partial or total loss of memory or judgment.

The defence was made to rest mainly upon the ground of *moral insanity*, so called, which under that name had but recently found a place in any of the classifications or divisions of insanity. That the moral affections might be and frequently were perverted or impaired by the same diseases, or other causes, which affected and impaired the reasoning faculties and the memory, was not doubted. But "moral insanity" as a distinct manifestation, apart from any derangement of the intellectual faculties, or any disease affecting the mind, had not been and could not be with safety recognized, by the law, as exempting its subjects from punishment for their unlawful acts. Certainly this could not be done until science should be able to do what it has not yet done,—describe its characteristics and manifestations, and define its evidences, and the rules by which its existence could be ascertained and known. It should be capable of being distinguished from moral depravity. Men of science, for the convenience of investigation and discussion, might subdivide and classify these subjects as they pleased, and distinguish their divisions by any nomenclature which might be convenient, and no harm could ensue; but when courts and juries were called upon to apply the principles and deductions of science in the process of judicial investigation, it was indispensable that their tests should be such as were capable of being appreciated and judged with some approximation to certainty; that is, the deductions and conclusions of science which are to control judicial action, and be influential in the administration of justice, should be the ascertained results and consequences of facts proved, judged, and applied, according to the well-established principles of the particular science involved. Some of the witnesses had spoken of a

moral mania, of which an individual might be the subject, and by which he might be impelled to the commission of crime ; but juries could not, with any safety, regard a maniacal impulse of this description as absolving from the consequences of crime, in the absence of any evidence of a lesion of the intellect and reasoning powers, or of some derangement or disease affecting the mind and judgment ; and for the best of all reasons, that there could not, in the nature of things, be any satisfactory evidence of any disease or derangement of the functions of the individual, which could convince a jury that the act was not the deliberate and voluntary act of the party, his mind assenting to it. The existence of the impulsive mania could only be proved by the commission of the acts which it was sought to excuse, which would be no evidence at all ; and the jury could never know, even should it be conceded that such a " moral mania " might and did exist, whether, in a particular case, the acts were the result of this impulse, or the fruits of a wicked and depraved mind. Courts and juries, in the attempt to determine the existence of moral mania, or irresistible impulse, apart from mental disturbance and derangement, as evidenced by the well-known symptoms of mental diseases, as an excuse for crime, would become bewildered and lost in the labyrinth of scientific niceties and fanciful theories. But when called upon to consider the subject of insanity, regarded as a derangement of the intellect, a mental disease, or the manifestations of disease affecting the mind, whether the moral powers were or were not impaired or perverted, they were not entirely without the means of arriving at a satisfactory conclusion, with the aid of intelligent and experienced medical men, and in the exercise of their good judgment.

There were tests by which the presence and influence of mental disease could be, with reasonable certainty, determined, and by which simulated could be distinguished from actual insanity. Although the symptoms of real insanity were not so definite and unequivocal as to preclude the possibility of all mistake on the part of unskilled judges and juries, yet they had become so well understood through the efforts and observations of learned and skillful men, and some of

them were so well marked, that with proper caution they might be safely acted upon, without danger of serious harm to the administration of criminal justice. But this was not so in regard to "moral insanity," as that term was (perhaps improperly) ordinarily used, and as distinguished from insanity proper. If it exists at all as a disease, or functional derangement, rather than as the manifestation of a depraved mind, science has not yet discovered or promulgated any rules by which its presence or absence can be known. The law, in determining the responsibility of a party arraigned for crime, could only look at the mind and see whether or not an intelligent will had consented to the act; and if the accused was in the possession and exercise of memory and intelligence, and knew that the act was wrong, and that, if detected, he would be subject to punishment, and had the requisite judgment and will to compare and choose between the gratification of committing the act accompanied with the risk of punishment, and immunity from punishment by abstaining, he was responsible for his acts.

To put the proposition in another form : if the accused had sufficient mind and memory to know and recollect the relation between himself and others, and that the act which he was about to do was contrary to justice and right, injurious to others, and a violation of duty ; that is, if he had a knowledge of right and wrong in respect to the *particular act*, then he should be held accountable to the laws. On the contrary, if the mind was diseased, and the reason and judgment overthrown, so that the act was in reality the result of irresistible or uncontrollable impulse, or of delusions acting upon and affecting the reason and judgment, then it might be said that it was not the act of a voluntary agent, as in that case the mind did not concur in the act, and the party was excused.

The Judge then commented upon the evidence bearing upon the question of the insanity of the prisoner in detail, and suggested that the medical witnesses, who favored the idea of the insanity and consequent irresponsibility of the accused, appeared to think that the particular form of the disease resembled that called *Pyromania*, which was evidenced by a morbid propensity to incendiarism, and

which it was claimed existed when a person otherwise rational was impelled irresistibly to the commission of this crime :—that this case was open to remark in this particular,—that in every instance in which the prisoner had fired a building, the act was traceable to motives of hatred, and a desire for revenge upon some individual for an act really committed by that individual, offensive to the prisoner. When every act of incendiarism could be traced directly to a *motive* which would be influential with a *bad man*, and such as not unfrequently, if not ordinarily, influenced men in the commission of like crimes, and when, in no instance, the torch had been applied from mere love of burning, it would not be safe to excuse the party, simply because the motive might, to the jury, seem inadequate. So long as there was no delusion, no loss of memory and judgment, and the party sought the very usual method of wicked men to gratify revenge, and resorted to the same means to conceal the evidences of his crime, he should not be excused upon any theory of moral insanity, or by reason of any sympathy, which would be entirely misplaced. The Judge then submitted the case to the jury, with the remark that it was their peculiar province to determine whether or not the “prisoner was, within the rules thus imperfectly laid down, responsible for the act, and therefore guilty of arson.”

On reviewing the testimony as given it appears evident enough that Speirs committed the arsons charged upon him,—the firing of the central building of the Asylum, and the firing, four days afterwards, of the Asylum barn. His own admissions and confessions, aside from the direct proof, abundantly show the truth of the indictment as to the mere matters of fact. The whole case, as presented to the jury, turns upon the question of the legal criminality of the acts committed by the prisoner, which depends entirely upon his sanity when they were committed.

No record of any kind is produced on the trial to show that Speirs was an insane man when he was first committed to the Asylum. There was an order of the Court, or of some Judge, to warrant the commitment ; but it is very questionable indeed, whether, on any

occasion, any suitable legal proof was ever adduced that would justify a jury in finding that he was insane. The simple fact of his having been committed to the Asylum as an insane man, may be a presumptive proof that he was so ; but such commitments are often made in a loose way, upon the solicitation of friends, from motives of humanity, from a desire to avoid the exposure and expense of formal trials, and to get quietly rid of a case that may prove troublesome.

But allowing that there was sufficient satisfactory evidence of his insanity to warrant his confinement to an asylum for the insane, it appears that from the moment of his confinement to his discharge by a judicial order in 1856, he was never considered as insane by any superintendent or assistant physician of the Asylum. His commitment seems to have operated, in a summary way, as a cure for his disorder.

After his discharge as a restored and cured man, he was employed about the Asylum in such duties as are usually intrusted to sane persons to perform. He had acquired during his stay a knowledge of reading and writing, and a tolerable facility as a compositor in the printing-office. He was an outside messenger, and carried and fetched the mails to and from the city post-office. So little was he mistrusted as a pyromaniac, that he was not forbidden from those parts of the Asylum where there were open fires and lights. On the whole he seems to have behaved well, until he escaped with the keys of the dining-room, and went out West.

From his own admissions, and from the evidence of others, it appears that almost every arson committed by him is traceable to a motive of revenge or pique. There is no trace of a maniacal delusion or hallucination. All his impulses to crime were the ordinary impulses that instigate bad men. His attempts, while in jail, to simulate insanity, by offers to set fire to adjacent buildings, and by the writing of ballads to blazon his crimes, amount to nothing but aggravations of his wickedness, and were mere efforts to screen himself from punishment. His intellect was of a low grade rather from defective education than from natural bent. He went to the Asylum entirely untrained, but there he learned to read and write with at

least common facility, and to set type ; and all this too, after he was an adult. Such improvement does not betray imbecility, but rather betokens brightness and aptness of the intellectual faculties. The difficulty seems to have been that he was not fully indulged in all his wishes. He desired to aid in making paper balloons for a festive occasion, and was denied ; his keys were taken from him, for cause, and he was provoked ; he swore occasionally, and was reprov- ed. Such incidents are apt to incite untrained men to vengeful acts.

Speirs' particular pique was against the superintendent, who took away his keys, and the assistant physician, who would not allow him to help make the balloons. They occupied the central building, which he first fired. Their furniture, clothing, books, and other personal effects were there. To fire the wings would not avenge his injuries upon them ; to fire the central building might ; so he fired that. Their effects being then stored in the barn for protection, he fired the barn too.

The medical testimony in the case is partly the testimony of experts, and partly that of inexperts. There is no pretension on the part of some of the medical men that they are experts in insanity. Of the experts proper, Dr. Ranney favors the defense of insanity pretty strongly, while Dr. Cook, Dr. Gray and Dr. Bell do not hesitate to affirm the sanity of the prisoner at the time of the commission of the arsons, and at the time of the trial. The weight of the testimony of experts is decidedly against the prisoner, and the jury, as well as the judge, seem to have concurred in their opinions. So do we. There is no insanity in the case ; but there is considerable wickedness and depravity, and of a sort punishable enough, and which we fear has not received, by the sentence of the court, quite its full desert, although we are willing to allow the benefit of the doubt, and let the culprit off with the correction that the law has awarded, inadequate as it may seem.

The defense of *pyromania*, as a distinctive phase of insanity, brings it within the category of *moral insanity*. The position of this journal on that question, considered as a legal one, is well known by all its readers. Considering maturely all the investiga-

tions and proofs heretofore made to establish it, and weighing them according to the best of our ability, we are still skeptical, and disavow moral insanity, in a criminal aspect, as any thing distinct and divisible from insanity general and proper as recognized by the law of the land. We fully allow any form of insanity, in all its diversified phases, as a suitable shield to protect its victim from human punishment; but it must be insanity, according to law, and legally proved, and no vagary of the fancy or imagination. In times when positive philosophy, animal magnetism, spiritualism, free love, sensualism, fatalism, and heresies of all sorts are generally rife, to the possible destruction of every virtue which God commands, and which humanity has been struggling to enforce for eighteen hundred years and more, we are disposed to set up a stern opposition to doctrines of whatever plausible appellation, physical, physiological, psychological, spiritual, legal, medical, moral,—any thing but Christian,—that tend obviously to overthrow the conservative labors of the same eighteen centuries, and thrust man back into the condition he was in before Christ was born. *He* knew, omnisciently, that man was prone to be bad; and that bad men should be punished by human as well as by divine tribunals; and that actions which are now sought to be covered by such cloaks of defense as pyromania, kleptomania, and the like, are in themselves generally bad and indefensible actions,—the offspring of unrestrained wills, sinful inclinations, and uncurbed evil dispositions. We think it our duty to stand up manfully against all delusions, theories, and fancies whatever, that, violating the positive knowledge and experience of past generations, and conforming to the yeasty humors of our own, tend to disturb the good order and regimen of society, and let loose upon goodly disposed men, to their confusion and overthrow, the vices and violence of the badly disposed. It is timely to interpose such cautions to juries, as Justice Allen has interposed in this case of *Speirs*, against defenses that make a regular course of crime, from the burning of a barber's shop to the burning of a noble and costly building, devoted by public munificence to a great charitable purpose:—a course marked by vindictive motives from instance to instance, and showing

a tuition and gradation in evil purposes from little to great ;—defenses that constitute a regular apprenticeship in crime the proof of insane tendencies, of irresistible impulses, and the offspring of physical disease which does not really exist. It is timely, we reiterate, to interpose the judicial authority against all such miserable perversions of sound science, truth, and justice. To set up insanity as a common excuse for all iniquity is to destroy our respect for it as a suitable plea for acts committed by those whom God has seen fit to afflict with an infirmity that has always commanded enlightened human sympathy and protection. But for judicial interference, the commission of a bad act, and more especially the commission of a *series of bad acts* running through the whole catalogue of depravity, would soon be deemed the highest proof of insanity. We should speedily get back into the Spartan way of considering crime commendable in proportion as it is successfully concealed by a cloak of some sort ; a *habit* of doing wickedness in some particular mode, the uniformity of which shall make it a mania ;—so that a habit of theft shall be *kleptomania* ; a habit of arson, *pyromania* ; a habit of murder, *homicidal mania* ; and thus to the end, until all crime shall be nothing but *mania*.

This tendency to shelter guilt under technical names and forms, and under the nomenclature of scientific distinctions, useful enough in their way, is utterly subversive of divine and human codes of law ; and we rejoice in every instance when such an attempted subversion of them is put down by a strong arm, legally nerved for the purpose. Let insanity have a full, broad, and very humane protection ; but let not the simulation of it, or the evil habitudes of bad men, who would immolate, by chance, five hundred human beings at a blow, exempt the culprit from the full measure of punishment for such an act. Speirs was evidently prompted by the ordinary motives that control sane men, reckless, improperly tutored, and who give the reins to all their natural revengeful impulses. He began by burning petty shops to avenge trifling wrongs, and ended by burning his own palatial shelter to avenge wrongs quite as trifling. He was careful to commit his final crimes in the light of day, and thus cun-

ningly to secure immunity from a penalty which he seems to have amply deserved, by placing himself under the legal protection of a subordinate degree of arson which is punishable by imprisonment only, when his offense was really worthy, in our judgment, of the severest vengeance of the law. *

GALLIC ACID IN PURPURA HÆMORRHAGICA.

April 14, 1858. W. F., a case of dementia of two years standing; following a year of maniacal excitement. Has been enfeebled and anemic during winter and spring: debility such the past three weeks as to keep him in bed. Two months since was put upon Huxham's tincture and the citrate of iron, which he has continued to take up to the present date, but with no apparent benefit.

On the 11th inst., was attacked by severe pains in the legs and back,—in latter especially over region of kidneys; loss of appetite, gastric derangement, and sore throat; gums and mouth were tender, and bled easily. At present circular spots of a dark-purple color are numerous distributed over both legs; on right calf a large ecchymosed patch is the seat of much pain; over right knee, a livid blotch is accompanied by swelling, and an apparent disposition to the formation of abscess. Pressure on legs, or attempts to flex them, occasion him much distress. The urine has the dark coffee color, and characteristic appearance of hæmaturia.

Discontinued tinct. cinchonæ comp. et ferri citrat.

R. Calomel gr. iii, pulv. Doveri, gr. v. *ter in die*.

April 16. Great prostration; pulse quick and feeble; face blanched, and expression anxious. During night has bled freely from gums. Is this morning slightly salivated, although he has taken but twelve grains of the submuriate.

Discontinued calomel and Dover's powder.

Ordered Bell's gargle for mouth.

R. Acid. Tannic., gr. v. *ter in die*.

April 19. Ptyalism subsiding, as well as the œdema of the face,
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which has been considerable. The purpuric phenomena, character of urine, &c. remain unchanged. Medicine continued.

April 29. No material improvement since last note. Small bloody clots or shreds continue plentifully distributed throughout the urine. Legs becoming œdematous. As no appreciable benefit has resulted from the administration of tannin, it is to-day discontinued.

R. Acid. Gallic., gr. x, *ter in die*.

May 1. The patient had taken but 20 grs. of the above, when a marked change occurred in the character of his urine; the clots and traces of blood were no longer present—it became clearer; and to-day is of natural color and appearance.

May 6. Yesterday the medicine was partially discontinued in order to test its apparent controlling power over the hæmaturia, and to-day the evidences of hemorrhage again exist. The Gallic acid is resumed in xx gr. doses three times a day.

May 7. Urine again clear and normal.

May 17. The ecchymosis is fading from the limbs, and redness is returning to the lips. The urine has continued natural since the last note. General health improving.

May 31. Convalescent.

It is now (Sept. 1) three months that patient has been able to sit up. During this time his mental faculties have been greatly invigorated. He is recovering from dementia, and his bodily health is excellent.

In this case the purpura developed itself after the patient had been for two months, and while he was still taking the citrate of iron—a medicinal agent we have seen employed in this disease, and one, too, whose use is naturally suggested by the recognized effects of citric acid in analogous diseases. The other remedies employed failed altogether. The length of time the patient endured the alarming depletion is extraordinary; his lips had the whiteness of chalk; and any but a horizontal posture was forbidden, even for an instant, from fear of fatal syncope. The chief point of interest, however, is the almost instantaneous benefit that resulted from the administration of gallic acid, and its therapeutic virtues in this instance as contrasted with those of tannin, in arresting the hemorrhage.

BIBLIOGRAPHICAL.

A Manual of Psychological Medicine: containing the History, Nosology, Description, Statistics, Diagnosis, Pathology, and Treatment of Insanity. With an appendix of Cases. By JOHN CHARLES BUCKNILL, M. D., and DANIEL H. TUKE, M. D. London: John Churchill. 1858.

THERE can be no doubt that a treatise on mental medicine, in the character of a text-book, and bringing together the latest results of observation and research in this department, has come to be demanded, not only by the members of our specialty, but by the medical profession at large. The study of insanity is rapidly gaining the attention of the general practitioner, and the day is probably not far distant when it will have its proper place in the curriculum of the schools. The recognition of these facts, and the special direction of effort by the authors to supply a want of this kind, give particular interest to the present work.

Yet even if the study of mental disease were still confined, as it so long almost exclusively has been, to those having charge of institutions for the insane, the treatise would be welcomed as timely and valuable. For although the literature of insanity, in monographs, essays, and descriptions of the disease, will compare favorably with that of almost any other branch of knowledge, of as recent development, no complete compend of the subject has for many years been published in the language. The work of Esquirol, generally referred to in this country, was produced too soon after the beginning of modern research in mental disease, to be of much present value; and that of Dr. Prichard, though valuable, and somewhat later, was too much given to special views of insanity, and fails to represent the present state of knowledge in mental medicine, in the direction as well as the extent of its progress.

It will, we suppose, be generally gratifying to the members of the specialty, that at a time when increased attention is being paid to mental disease by the profession, a representative treatise has been undertaken by gentlemen so well and so favorably known as Drs. Bucknill and Tuke. Their scientific and literary ability, with their large practical acquaintance with their subject, should indeed eminently fit them for the task; and, taken as a whole, the result of their labors will not fail to answer a just anticipation.

The frequent discussion of mooted topics in any department, it is well known, may have either of two diverse effects upon the minds of the disputants. One of these is the tendency to fix opinion in an extreme direction, and to magnify the importance of the matter discussed; the other disposes, in view of the many-sided relations of all science, to a more and more liberal and moderate belief. These tendencies are both exemplified, we think, in the book just given to the profession; and, in regard to the first, it is to be regretted not only because that in a text-book, particularly, it should be avoided, but because here it impairs the symmetry of the work, as a single treatise. How far this has been done will appear from a brief analysis of, especially, Dr. Tuke's portion of the text. Dr. Bucknill's essays, forming the other portion, are so well known to our readers that the comparison will be readily made.

Nearly equal parts of the book are contributed by the two writers, and the topics are divided to correspond with the different directions of study which each has more especially pursued. Dr. Tuke contributes the chapters on the history, nosology, description, and statistics of insanity; Dr. Bucknill those on diagnosis, pathology, and treatment. The latter also furnishes, in an appendix, a description of representative cases, which are lithographed for the frontispiece, and the histories of a number of cases, illustrating the causation, treatment, and pathology of mental disease.

The first two chapters, comprising thirty-one pages, are devoted to a history of insanity among the ancients, and its treatment by the fathers of medicine. This portion, which it may be thought should have been printed as an introduction to the body of the work, gives

in a very succinct manner, nearly all that is known in the ancient history of the subject. It will well serve to show the student that the study and treatment of mental disease are almost entirely modern, and perhaps to prepare him for the various and conflicting notions of treatment which he will find to belong to this branch, in common with general medicine. As when, for instance, *vinum et amor* are directed against the disease from one point, abstinence and continence from another; while starvation and stuffing, bleeding and building up, chiding and charming, even restraints and padded rooms, belong to the contrary methods, as well of the ancient as the modern psychiatrian.

"Modern civilization in its bearing upon insanity," forming the third chapter, and the conclusions upon which topic occupy the opening paragraphs of the book, will be recognized as a favorite theme of the writer. The proper order for it would be a change of place with the next chapter, continuing the history of insanity through modern times. In accordance with the general decision of inquirers in this field, Dr. Tuke concludes that modern civilization—or a high, general civilization—does, as such, favor the production of insanity. He demonstrates that, without exception, cases of insanity are found in excess under the highest civilization. This result is so plainly indicated in a physiological view of the subject, that the wonder is it should ever have been questioned. It seems to us quite as certain that cerebral lesions must be more frequent in a nation of reformers, sectarians, inventors, and thinkers of every sort, as that in a race of warriors there should be an excess of wounds and mutilations of the body. The manner, however, in which these conclusions are reached through the much-abused agency of statistics, speaks well for their general reliability. Dr. T. occupies conservative middle-ground on the subject of statistics. He not only acknowledges, but points out the numerous fallacies of the extreme advocates of this method, while at the same time he recognizes the great importance of exact and guarded numerical observations.

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The completion of the history of insanity is entitled, "Amelioration of the condition of the insane in modern times, especially in re-

gard to mechanical restraints." We must venture to find fault with this chapter, on two accounts; its incompleteness, and unfairness. It is more important to note the first of these for the student, as the restraints-discussion is a local one, and as the vexed questions of the specialty will hardly gain his attention. With Dr. T., we are aware, the tendency to the double error is also two-fold; arising from both national and family dispositions. He is a true Briton, and the great-grand-son of one whose name stands beside that of Pinel at the head of a most noble work of philanthropy and medicine. Yet the insular view of the subject is no small imperfection in such a work. That the modern history of insanity from the brilliant initiatory labors of Pinel and Tuke, and including those of Esquirol, Jacobi, and the many other celebrated French and German psychologists, should be entirely confined to the United Kingdom, great as is the space which properly belongs to its names, is a serious omission. Instead of this, we have only the long list of instances of abuse, under the "ancient method," culminating in the well-worn case of Norris; and the restatement of the question as to the origin of the "non-restraint system." The fault of unfairness follows, in making the disuse of restraints the test, as well as the limit, of reform, in the history of the amelioration of the condition of the insane. Much more than one half the space given to the history of insanity for the past century of development in its medical, physiological, legal, humane and economical aspects, records simply the gradual disuse of mechanical restraints. With every desire to give due credit to British psychologists for their labors in all these directions we the more regret the seeming determination of some of them, in season and out of season, to thrust into the foreground so insufficient and ill-chosen a device as, "The System of Non-restraint."

The following explanation is given to close this portion:

"In the foregoing sketch of the treatment of the insane much prominence has necessarily been given to the non-restraint system. But it must not be inferred that the removal of mechanical restraint is all which the present system of treatment embraces. The Medico-moral treatment which the insane require and receive, has not been particularly dwelt upon here, inasmuch as the subject will be fully treated of in the chapter on Treatment."

Yet we feel that our readers will be disappointed in not finding the history of this medico-moral treatment in its complete development, rather than the chronological order of the laying aside of chains, leg-locks, hand-straps and strait waistcoats.

The definition, and classification of insanity are next treated. Dr. T. recognizes and explains the necessary incompleteness of any definition of insanity, and while noticing those given by the more prominent authors, does not add one of his own. He prefers however that of Dr. Bucknill; "A condition of the mind in which a false action of the conception or judgment, a defective power of the will, or an uncontrollable violence of the emotions and instincts, have, separately or conjointly, been produced by disease." The writer insists that great stress should be laid upon the term disease, in this, or any definition; though loosely speaking of it in the same paragraph, as first the cause of insanity, and again as the thing itself. This seems to us rather to bring back the definition to the term to be defined. No element of cerebral disease other than the mere phenomena of derangement are necessarily manifested in insanity, and Cullen, Guislain and others, even require in their definitions the absence of pyrexia. Yet the simple statement of the phenomenal condition in the clear terms of Dr. Bucknill, with the reference to disease, is perhaps the most perfect definition which the present state of knowledge will allow.

While recognizing the primary importance of classification in a treatise like the present, our limits oblige us to be brief upon this point. We shall again refer to the subject, in connection with this work, at a future time. It may suffice to say, that, while retaining most of the time-honored terms, they are made secondary, by Dr. T., to the metaphysical divisions, of the intellect, the moral sentiments, and the propensities. From the classification based primarily upon these distinctions,—which we should like to give in full did our space permit,—follow the extreme views of moral insanity, and the high rank given to special manias, which appear to us to detract from the great value of the next chapter, and force a contrast with the eclectic and conservative terms of Dr. Bucknill. Thus, under the

primary division, emotional insanity, of Dr. Tuke, are given, with equal importance as first subdivisions, melancholia, (without delusion) moral insanity, suicidal mania, homicidal mania, kleptomania, pyromania, and oinomania. Whereas, Dr. Bucknill makes these latter only varieties of moral insanity, (the definition of which he contracts much from that of Prichard, and guards with great care,) finds "scanty authority for the establishment of a pathological state" in kleptomania, and thinks "the term pyromania ought to be expunged from the books, or remembered only as a passing absurdity of psychologists." Yet this chapter, on the various forms of mental disease, is the most lengthy in the book, and is written with great pains and completeness. The subjects of the special manias, and of moral and impulsive insanity, are treated in a much less extreme manner than the classification would allow, and whatever may be thought of the divisions primarily upon a metaphysical basis, it cannot be said that the great facts in insanity, which observation has made common to all practical psychologists, have been ignored or materially wrested.

The causes of insanity are largely discussed by Dr. T., and the results deduced from widely and carefully gathered statistics, mainly confirm conclusions generally admitted. Heredity, age, sex, season, climate, city and country life, occupation, and marriage and celibacy, are severally considered as predisposing causes; and a long list of moral and physical evils are referred to as exciting causes. If the results are not satisfactory to the student, he may be sure that the difficulties inhere in the subject, and are not due to any deficiency of the writer. The proportions of recoveries and relapses are also made as reliable as the nature of the matter will admit, and from the largest data. In both a humane and professional point of view they are very satisfactory.

We shall be excused from either criticism or analysis of the three chapters, on, severally, the diagnosis, the pathology, and treatment of insanity, which make up the remainder of the book. From criticism, because any difference in opinion from so eminent an authority that we may entertain would require a more extended defense than we are at present able to give; and from analysis, from the fact, of

which our readers hardly need be reminded, that a large portion of the text has been copied into our columns from the *Asylum Journal of Mental Science*, edited by Dr. Bucknill, and in which it was first published. We do not know where any thing can be found in the literature of the specialty to compare with these essays, in complete and logical treatment, and the clear, practical manner in which their subjects are discussed. They will be cited as authority wherever the language is used, and will no doubt be extensively translated.

It is proper to say that at the close of the chapter on treatment, two pages, besides the personal views of the writer, as given to the British Commissioners in Lunacy, and here printed as a foot-note, are given to the subject of mechanical restraint; and that to the doctrine or spirit of these no exception can be taken by the advocate of a qualified and medical use of restraints.

The representative cases, pictured in the frontispiece, and described in the appendix, will aid the learner in his study of the physiognomy of insanity. The faces representing imbecility, dementia primary and secondary, melancholia, and "monomania of pride," are especially characteristic. That of general paralysis has little distinctive that we can recognize, and that of acute mania is deficient. This is no doubt the fault of the engraver. More important than these are the detailed histories of cases illustrating the cause, pathology, and treatment in typical forms of mental disease. These are drawn with the pen of a master, and will be a valuable guide in the distinction of cases.

History of Civilization in England. By HENRY THOMAS BUCKLE.

Vol. 1. From the second London edition; to which has been added an alphabetical index. New York: D. Appleton & Co.

ALL the master-minds in inductive knowledge for the past century of the world's scientific progress have reached out, from the special departments of natural science which they have severally cultivated, towards the more noble conception of social laws, including human

progress and destiny. More or less evident in all the great generalizations of science, this disposition has most naturally proceeded from the discoveries in physiology and zoology. Hence the importance given to the problems of sociology, through the writings of Bichat and Cuvier, to those of Agassiz and Dr. Draper of our own time and country. The latter, in his recent work on physiology, has sketched an outline of the new "science of the sciences," which does him great credit as a student and thinker.

But if Mr. Buckle's work is not original in conception, we shall hardly the less admire the grandeur of its proportions, and the boldness with which it has been undertaken. The attempt is no less than to resolve all the known facts of human existence into the expression of a law; to supply a method in the place of mere detail; to convert the records of history into the science of sociology. A lifetime of the patriarchs would not of course suffice to rewrite all history after such a plan, supposing that it were practicable. The history of civilization in England, is the limited but still prodigious task, which a man, some thirty-five years of age, has been during his riper years preparing for, to which he proposes to devote the remainder of his life, and one half the introduction to which fills the six hundred and seventy pages of the first volume. It will not be denied, we suppose, that the writer brings to the work qualifications in a great degree correspondent with its magnitude and importance. Evidences of a powerful intellect, and of great erudition, are found on every page, and the directness and simplicity of its style are eminently appropriate.

After allowing thus much for the book, in its lofty purpose and its positive merit, it were easy, if proper here, to refute many of its conclusions, or meet them with other and contradictory masses of facts in many of the divisions of science, which it is attempted to combine into "generalizations large enough to include all the social phenomena." There is little doubt also that the majority of its readers, who regard with favor the plan of the author in viewing history from the stand-point of inductive science, will disagree with several of his primary statements and deductions.

Every step of progress in science adds to the growing conviction in the minds of scientific men, that mental and social phenomena rest upon great principles of causation corresponding to the known laws of the physical world. Of those who deem that the present conditions of human knowledge do not forbid the possible discovery of these laws, a part view them as proceeding from an infinite, intelligent Cause, and rank moral phenomena among the first in importance; while others give material facts the foremost place, or deny altogether the efficiency of moral causes. Mr. Buckle is of the latter class, and it will be fairly charged that he has warped the just conclusions of science to support his theory, and treated moral and religious truths with a recklessness and an *animus* unworthy the historian and philosopher. We may notice his argument at one point, because it lies at the foundation of much that follows, and because, coming within our special field of observation, it seems to us particularly inconclusive.

Beginning with the fourth chapter, two sets of laws are recognized in the discussion as including all the facts of social progress; the moral, and intellectual. The insufficiency of the metaphysical mode of investigating these laws, is then happily and fairly illustrated by the absence of results in the attempt to determine through physiology the comparative number of births of each sex. The numerical method is indeed the much more hopeful one. But here the author makes an assumption which seems to us entirely gratuitous and unauthorized. It is that one of these two laws is that of "the more powerful agent, whose operations are casually disturbed by the inferior laws of the minor agent." The intellectual is of course the gravitating, the moral the perturbing force. It will probably occur to the reader, whether there is not too great audacity in thus grasping at a central law, at so early a stage of the inquiry into social science. The revolution of the planets, and the tendency of bodies to approach the earth, had been some time observed before the law of gravitation was attained. We cannot follow out the extended argument in support of this comparative estimate of two civilizing forces. Based on the assumption of the necessary pre-eminence of

one, we wait to be convinced of its correctness, until the promise is fulfilled to trace out the progress of civilization from the discoveries in natural science. But the superior rank and power of moral over mere intellectual truths we are convinced is felt in every individual and in every national experience through the civilized world.

It is a preliminary to this argument, however, which we wish especially to notice. It is regarded as at least unproved that either the moral or intellectual faculties of men are naturally more acute than they have been at any other historic period, and as dependent upon this, Mr. Buckle denies the whole theory of hereditary transmission. We have room for only the concluding remarks, and the foot-note attached.

"Whatever, therefore, the moral and intellectual progress of men may be, it resolves itself not into a progress of natural capacity, but into a progress, if I may so say, of opportunity; that is, an improvement in the circumstances under which that capacity after birth comes into play. Here, then, lies the gist of the whole matter. The progress is one, not of internal power, but of external advantage. The child born in a civilized land, is not likely as such, to be superior to one born among barbarians; and the difference which ensues between the acts of the two children will be caused, so far as we know, solely by the pressure of external circumstances; by which I mean the surrounding opinions, knowledge, associations, in a word, the entire mental atmosphere in which the two children are respectively nurtured.

"We often hear of hereditary talents, hereditary vices, and hereditary virtues; but whoever will critically examine the evidence will find that we have no proof of their existence. The way in which they are commonly proved is in the highest degree illogical; the usual course being for writers to collect instances of some mental peculiarity found in a parent and in his child, and then to infer that the peculiarity was bequeathed. By this mode of reasoning we might demonstrate any proposition; since in all large fields of inquiry there are a sufficient number of empirical coincidences to make a plausible case in favor of whatever view a man chooses to advocate. But this is not the way in which truth is discovered; and we ought to inquire not only how many instances there are of hereditary talents, &c., but how many instances there are of such qualities not being hereditary. Until something of this sort is attempted, we can know nothing about the matter inductively; while, until physiology and chemistry are much more advanced, we can know nothing about it deductively.

"These considerations ought to prevent us from receiving statements (*Taylor's Medical Jurisprudence*, pp. 644, 678, and many other books) which positively affirm the existence of hereditary madness and hereditary suicide; and the same remark applies to hereditary disease (on which see some admirable observations in *Phillips on Scrofula*, pp. 101-120, London, 1846); and with still greater force does it apply to hereditary vices and hereditary virtues; inasmuch as ethical phenomena have not been registered as carefully as physiological ones, and therefore our conclusions respecting them are even more precarious."

While it is probable there has been little if any absolute gain in the powers of the human mind, we cannot perceive that there is any necessary connection between this and the question of hereditary transmission. There surely need be nothing cumulative in the idea of heredity. The external circumstances, and new combinations of opposed states and qualities would prevent this in fact. The large amount of statistical evidence in its favor, which Mr. Buckle sees fit to depreciate, is good at least until the first adverse generalizations are brought forward. In the entire medical profession, there is almost no dispute of the law of heredity in bodily and mental disease, and the "unconscious inductions" involved in the popular belief of its truth, are of no small value. Surely there is every indication in our present state of knowledge, that the laws of transmission are to rank with the first in importance of the generalizations of social phenomena. To deny this, and to make man the immediate product of food, soil and climate, is a false and debasing theory.

It is because the world has dearly learned how much more essential to its true welfare is its moral than its intellectual progress, that the readers of this book will be warned against its doctrines perhaps more earnestly than is really necessary. Pursued to their ultimate result, they are the old teachings of fatalism and atheism; but these are uncongenial and unnatural to the human mind, and whenever they prevail are rather the symptoms of a depraved moral sentiment. There is now nothing new to be urged against the essential truths of religion, and religious beliefs are attained upon quite other principles of investigation than through statistical data, or bald physical facts. If the intellectual powers have not attained a higher level

than in the older civilizations, they have spread out immeasurably beyond the limits which gave a single great intellect to a nation. The tendency of such a book as the present is now mainly to stimulate inquiry. Its real nutriment will be quickly separated and pass into other forms. Its assumptions, its unworthy motives, its sneers and its denunciations, the present age will mostly recognize and reject.

In the republication of this volume from its expensive and less elegant form in the London edition, the American publishers have shown their usual judgment and enterprise. Even with the radical faults of the book, if its promise is but partially fulfilled in the succeeding volumes, the complete work will be one which no liberal student can be without, and which will perhaps find more readers in this than in any other country.

Traité Spécial d'Hygiène des Familles, particulièrement dans ses rapports avec le mariage au physique et au moral, et les maladies héréditaires. Deuxième édition, refondue et corrigée.

Special Treatise on the Hygiene of Families, particularly in its relation to marriage physically and morally considered, and to hereditary disease: By Dr. FRANCIS DEVAY, of Lyons. Second edition, revised and corrected. Paris: Labé. 1858.

In the above recent issue of the French press, are very fully and ably discussed the subjects usually treated of in works of this character,—age, temperament, constitution, climate, education, religion, &c., and their relations to health and longevity. Still fuller, however, and more abundant in illustration are those chapters which are of particular interest to the psychologist, and which treat of the hereditary character of disease, and of the hygienic relations of marriage. We translate so much as relates to hereditary insanity, reserving for a succeeding number of the JOURNAL some extracts bearing upon the latter subject.

“ ‘Of all diseases,’ says Esquirol, ‘mental alienation is the most markedly hereditary. Although recognized in only 337 out of 1,375 cases, I am persuaded that this predisposing cause is of much more frequent occurrence.’ Of 14,362 insane persons admitted into various institutions, the influence of hereditary predisposition was established in 1,682 cases. Insanity is oftener transmitted by the mother than by the father. Children born before the parents have become insane, are less liable to mental alienation than those born afterwards. Dr. Baillarger has shown, in a memoir read before the Royal Academy of Medicine, that insanity is more frequently inherited from the mother than from the father by one-third; that while in *boys* the disease is traceable very nearly as often to the father as to the mother, *girls* on the other hand inherit at least twice as often from the latter as from the former. In applying these results to *prognosis* in the cases of children born of insane parents, we arrive at the following conclusions: 1st. Insanity in the mother, as regards transmissibility, is of more serious import than in the father, not only because it is *oftener* hereditary, but also because it is likely to be transmitted to a larger proportion of the offspring: 2d. Inheritance of the disease from the mother is more to be apprehended for the girls than for the boys, while the converse of this proposition is true as regards the father. 3d. Insanity of the mother is only a little more likely to be transmitted to the *boys* than that of the father; it is on the other hand two-fold more liable to attack the *girls*.

“Epilepsy is one of the diseases most frequently transmissible: on this point, the medical profession, ancient and modern, are unanimous. Zacutus Lusitanus cites the instance of a man who had eight children and three grandchildren, all of whom were, like himself, epileptic. According to Copland, this hereditary influence is often to be looked for among the grandparents, the uncles, the aunts, of the individual affected. Of 110 cases recorded by MM. Boucher and Cazauvielh, 31 were born of epileptic parents. The propensity to suicide appears sometimes to be hereditary in many members of the same family; uncles, aunts, cousins,—two, three, four, five or six brothers, have been known to betake themselves to this refuge of despair. Very often too, it is at some particular period of life that these unhappy persons yield to the hereditary impulse, in fulfilling their fatal destiny. The melancholy facts which prove the hereditary character of this suicidal propensity, are unfortunately but too abundant; it is besides more to be feared in those whose ancestors have either been insane, or else have sought death without appreciable motive, or for some slight or imaginary cause. ‘We have seen,’ says Esquirol, ‘whole families become either suicides or lunatic.’

“Having considered these two diseases, so disastrous in their influence on human life, we come now to speak of that numerous class, proceeding from the same family, but very varied in their forms, and

which are vaguely designated under the name of *nervous affections*. The common origin of these affections, among which we include hypochondria, hysteria, nervous excitability, &c., is a sort of diathesis traceable to one or other parent. 'We often find,' justly remarks Portal, 'these various hereditary affections occurring indifferently in families predisposed to them. In a given family, for example, we shall find one child maniacal, another epileptic, while another may die of apoplexy. In another such family again, may be cases of hysteria, or insanity, or of congenital blindness or deafness.'

"The general rule is, that in families afflicted with insanity or epilepsy, are likewise found those other multiform nervous disorders, milder in their manifestations, but depending in reality on the nature of the original disease,—all in fact having a common origin in the family diathesis. We have known a man subject to simple gastralgia become father to a maniacal child; in this family there had been cases of insanity among the more remote ancestry. We have likewise observed a case of *angina pectoris*, (a fatal affection, and one whose nature is as yet little understood) in the descendant of a family, very many of whose members had died of cerebral diseases. Such facts as these, (and their number might very easily be multiplied) bring us to an important conclusion, viz: that while for the most part these nervous affections of the parent are reproduced in a *similar* form in the offspring, they may also be transmitted in a form entirely *dissimilar*. Although in a family, in the large majority of whose members we may have been able to establish the existence of that pathological condition vaguely designated as *nervous excitability*, *nervous erethism*, or the like, this condition may not develop itself in any one or more of the graver diseases, such development will nevertheless take place in a succeeding generation. Thus, mere nervous irritability, ill-defined in the case of one generation, will become in their descendants the origin of some well-characterized affection, such as mania, epilepsy, hysteria, &c. These are views which we desire to impress very strongly upon families.

"'It would not be easy to deny,' says M. Piorry, 'that the nervous constitution of the child is the immediate consequence of that of the parent.' Now if we admit this principle, we must also concede the natural inference from it, and every disease of innervation we must regard as the result of hereditary predisposition. We sometimes find very curious examples of these transformations. Dr. Monett, of Washington, after relating several cases illustrating the transmissibility of nervous disease and nervous irritability, relates that of a boy, attacked with spasms, cephalalgia, &c., whose father had been epileptic, and his mother hysterical."

SUMMARY.

NEW YORK STATE CENSUS OF 1855.—This census-report is much the most complete and elaborate of any heretofore made for the State, and the great labor evidently expended upon it to this end accounts for the delay in its publication. The arrangement and comparison of statistics in former censuses has been done by the county-clerks of the several counties. In the present this has been performed in the office of the Secretary of State, and with great advantage to its symmetry and correctness. It has been superintended by the well-known, eminent statistician, Dr. Hough, to whom the whole credit of the careful compilation and scientific arrangement is accorded. Another effort to centralize in the task, has not, however, resulted so favorably. The office of appointing census-marshals, formerly pertaining to the town-clerks and supervisors, was, for partisan reasons, given to the Secretary of State. This officer being unable to appoint intelligently, as a matter of course, and the public withal generally disliking the change, the statistics are less perfect on this account.

The total population of the State is given, as 3,466,212; showing an increase of nearly one hundred per cent., in twenty-five years, and of twelve per cent. in five years. There were found 10,912 more females than males. At each former census-period, there has been more than three times this excess of males. It is worthy of inquiry how far this change is due, if in any degree, to physiological causes, or if it can be directly accounted for by an unusual character of recent migration.

The total number of insane enumerated was 2,742; idiots, 1,812; blind, 1,136; deaf-mutes, 1,422. By the census of 1845, there were found, insane, 2,168; idiotic, 1,620; blind, 877; deaf-mutes, 1,082. These figures show a small increase in the number of these classes. When compared with the total population of the State at the two periods however, there is found an actual decrease in the ra-

tio of each class. Thus, in 1845 the proportion of those physically and mentally deficient, under the above heads, to the entire population, was as 1 to 453; in 1855, as 1 to 488. The following table gives the number of total population to each person who is insane, idiotic, blind, and deaf-dumb, for the several census-periods.

Census.	Insane.	Idiotic.	Blind.	Deaf-Dumb.
1825,	1,971	1,135	-----	2,503
1835,	2,249	1,464	2,446	2,331
1840,	1,036	-----	2,517	2,184
1845,	1,201	1,755	2,969	2,407
1850,	1,229	1,798	2,623	2,452
1885,	1,264	1,972	3,051	2,431

In 1840, no distinction was made by the census-marshals between the insane and the idiotic, and in the present census the unreliability of the division between these two classes is evident from an examination of the reported causes of idiocy; among which are epilepsy, paralysis, intemperance, and spinal disease. Indeed, notwithstanding the definite and guarded instructions given regarding the enumeration of these classes, there have been not a few errors made in several directions, and a wide margin must be allowed for them in the use of the results. The comparatively small number of insane found in the cities, is no doubt one of those imperfections. In European cities, the ratio of insane is much greater than in the country-towns; while in this State the figures show a comparative immunity from the disease in the cities. This may be accounted for in part, as the report suggests, by the greater delicacy and less good-sense of the relatives of whom inquiries were made: but it is likely that other sources of error might be found, to offer a more competent explanation. The apparent decrease in insanity indicated by the figures for the last three or four census-periods, will perhaps appear strange to some, who know how many more cases of mental disease are recognized at present than there were twenty years ago, and how, in accordance with the general experience of other countries, the disease must become more common as communities grow older, and civilization advances. Two considerations may help to explain this seeming discrepancy. The first is the fact, that the more general recog-

nition of mental disease in its first stages, and the well-known advantage of its early treatment, has, by the cure of a large proportion of cases, lessened the number of the chronic insane, who would appear, perhaps, in several, successive census-reports. The second consideration, is the unwise policy of the State in obliging the greater part of the insane who can be supported at private expense to seek the asylums of the neighboring states for treatment, in the want of sufficient provision for them in their own. These cases, of course, are not included in the census of this State.

We quote the following from the report, in conclusion :—

“Inquiries into the numbers of these unfortunate classes, with specifications of sex, age and dependence upon public or private support, were made in the State censuses of 1825, 1835, and 1845, as well as in the national censuses of 1830, 1840, and 1850, extending, however in the latter, only to the whites ; excepting in 1850, when the free colored class was included. In the present census, in addition to the usual inquiries, the cause of the infirmity, if known, was required to be noted, and the marshals were particularly directed to use the utmost care in procuring accurate intelligence on this point.

“From difficulties apparently inherent to our mode of taking the census, these returns exhibit less detail and reliability than is desirable, although they compare very nearly in their results with those of other enumerations. It remains for future investigation to discover the influences of locality, elevation, salubrity, density of population, hereditary tendency, and other causes, upon the development of these maladies, and the practicability of diminishing their prevalence by a modification of the causes.”

THE N. Y. STATE INEBRIATE ASYLUM.—The ceremony of laying the corner-stone of this institution took place at Binghamton, N. Y., on the 24th Sept., ult., and included appropriate addresses and remarks by Rev. Dr. Bellows, Dr. John W. Francis, Hon. B. F. Butler, president of the corporation, Hon. Edward Everett, Hon. D. S. Dickinson, and a poem by Alfred Street, Esq. That a very general interest is felt in the inauguration of this new field of philanthropy was manifested by the numerous and respectable attendance, drawn from all parts of the State, on this occasion.

The site of the Asylum is about two miles from the city, on a con-

siderable eminence, commanding a wide and delightful view of the river and valley of the Susquehanna, and the surrounding hills. It is connected with a farm of 250 acres, donated to the institution by the citizens of Binghamton. The material selected for the building is brick, with stone trimmings. The plan is by I. H. Perry, architect, of N. Y. City. It is in the Gothic style, and includes a central building and two wings, extending 365 feet in a straight line. The height is three stories, besides the basement, which is mostly above the surface. A single story of one wing forms a distinct ward; thus providing for eight classifications of the 250 inmates, designed to be accommodated. The central building will contain, on the first floor, the public offices and reception-rooms; on the second, the private apartments of the officers, and the library; and on the third the chapel and other rooms. The whole is to be heated with steam, and ventilated by a fan, and it is designed to adopt all the other valuable improvements recently introduced into hospitals.

This Asylum was incorporated by an act of the Legislature, in April, 1864. Its origin is due to the noble efforts of men of the foremost names for worth and intelligence throughout the State, and without reference to party, sect, or locality. The members of the learned professions, and especially that of medicine, have greatly interested themselves for its success. By the terms of its charter it was required to have a capital of fifty thousand dollars, in shares of ten dollars each, and of which ten per cent. should be paid before the commencement of operations. Among the prime-movers in the enterprise, and first in presenting its claims to the public, was Dr. J. Edwards Turner. By his efforts, mainly, the required \$50,000 was soon subscribed; and, notwithstanding the financial difficulties of the past year, a large share of this has been collected. This will probably be less than one-half the whole sum needed, but it is expected that the charities of the public will still be attracted to it, and it is to be hoped the State legislature will appropriate liberally to make up the amount. The directors anticipate that the Asylum may be opened at the end of two years from the present time.

It is with much satisfaction that we note the favorable circum-

stances thus far attending this experiment in a new direction of charitable effort. The peculiar difficulties that must be overcome in the way to its success, and which few can appreciate who are without considerable experience of the class to be dealt with, could hardly be more advantageously met than in the present enterprise. We gather from its history, and from the addresses at the late ceremony, that its main idea is humanitarian, rather than chiefly medical, or disciplinary. The confirmed drunkard is to be committed to this Asylum, that in the absence of temptation, and in the use of every means adapted to the purpose, he may regain the lost control over his propensity; while at the same time society will be relieved of the evil of his example, and the danger from his condition. It seems to be assumed by the directors, it is true, that a distinction may be made between intemperance and inebriety, as between a vice and a disease. But this is seen to be an impossible distinction, and is termed by Dr. Bellows "a convenience of moral nomenclature." We have no doubt that even a theoretical prominence given to inebriety as a disease, would be most inconvenient and embarrassing. Inebriety is not properly ranked as a form of disease, although often in part caused by disease. It is not accepted as such by the popular sense, and the theory of the law will not admit of such construction. Practically, we are given to understand, cases of intemperance connected with a dementia, or a perversion of the mental faculties, will have the preference in treatment. But it is wisely and boldly announced that the purpose of the Asylum is not based on any theory of inebriety as a disease. In truth, the inebriate and the intemperate, the diseased and the depraved, the unfortunate and the erring, even the guilty and the innocent are to be saved, if possible, to society and themselves, and in the name of humanity and religion.

THE COUNTY SUPERINTENDENTS, AND THE INSANE POOR.—For five years past, the county superintendents of the poor in the State have held yearly conventions, that by a comparison of views, and a united appeal to the Legislature, the inadequate laws relating to pauperism, orphanage, and lunacy, might be perfected and system-

siderable eminence, commanding a wide and delightful view of the river and valley of the Susquehanna, and the surrounding hills. It is connected with a farm of 250 acres, donated to the institution by the citizens of Binghamton. The material selected for the building is brick, with stone trimmings. The plan is by I. H. Perry, architect, of N. Y. City. It is in the Gothic style, and includes a central building and two wings, extending 365 feet in a straight line. The height is three stories, besides the basement, which is mostly above the surface. A single story of one wing forms a distinct ward; thus providing for eight classifications of the 250 inmates, designed to be accommodated. The central building will contain, on the first-floor, the public offices and reception-rooms; on the second, the private apartments of the officers, and the library; and on the third the chapel and other rooms. The whole is to be heated with steam, and ventilated by a fan, and it is designed to adopt all the other valuable improvements recently introduced into hospitals.

This Asylum was incorporated by an act of the Legislature, in April, 1854. Its origin is due to the noble efforts of men of the foremost names for worth and intelligence throughout the State, and without reference to party, sect, or locality. The members of the learned professions, and especially that of medicine, have greatly interested themselves for its success. By the terms of its charter it was required to have a capital of fifty thousand dollars, in shares of ten dollars each, and of which ten per cent. should be paid before the commencement of operations. Among the prime-movers in the enterprise, and first in presenting its claims to the public, was Dr. J. Edwards Turner. By his efforts, mainly, the required \$50,000 was soon subscribed; and, notwithstanding the financial difficulties of the past year, a large share of this has been collected. This will probably be less than one-half the whole sum needed, but it is expected that the charities of the public will still be attracted to it, and it is to be hoped the State legislature will appropriate liberally to make up the amount. The directors anticipate that the Asylum may be opened at the end of two years from the present time.

It is with much satisfaction that we note the favorable circum-

stances thus far attending this experiment in a new direction of charitable effort. The peculiar difficulties that must be overcome in the way to its success, and which few can appreciate who are without considerable experience of the class to be dealt with, could hardly be more advantageously met than in the present enterprise. We gather from its history, and from the addresses at the late ceremony, that its main idea is humanitarian, rather than chiefly medical, or disciplinary. The confirmed drunkard is to be committed to this Asylum, that in the absence of temptation, and in the use of every means adapted to the purpose, he may regain the lost control over his propensity; while at the same time society will be relieved of the evil of his example, and the danger from his condition. It seems to be assumed by the directors, it is true, that a distinction may be made between intemperance and inebriety, as between a vice and a disease. But this is seen to be an impossible distinction, and is termed by Dr. Bellows "a convenience of moral nomenclature." We have no doubt that even a theoretical prominence given to inebriety as a disease, would be most inconvenient and embarrassing. Inebriety is not properly ranked as a form of disease, although often in part caused by disease. It is not accepted as such by the popular sense, and the theory of the law will not admit of such construction. Practically, we are given to understand, cases of intemperance connected with a dementia, or a perversion of the mental faculties, will have the preference in treatment. But it is wisely and boldly announced that the purpose of the Asylum is not based on any theory of inebriety as a disease. In truth, the inebriate and the intemperate, the diseased and the depraved, the unfortunate and the erring, even the guilty and the innocent are to be saved, if possible, to society and themselves, and in the name of humanity and religion.

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ized. In their convention in 1845 a committee was appointed to memorialize the Legislature on the subject, and the result was the appointment of a Select Committee of the Senate, to visit all the charitable and penal institutions supported by the State. This Committee, it is known to our readers, after a thorough investigation, made an elaborate report, in which the earnest appeals of the county superintendents are fully justified. Yet at the convention of the latter in 1857, their object remained unaccomplished.

On the 14th Sept. ult., they again convened at Utica. In pauperism proper, they mainly urge that their relations with the emigrant poor and the Commissioners of Emigration, shall be made more just and definite. The matter of provision for orphan and destitute children has also deservedly received their attention. They assert that the law should entirely forbid the keeping of these children in county-houses, or associating them in any way with paupers. The counties should become the legal guardians of this class, who are not to be considered as paupers, but to be carefully trained with a view to self-support at a proper age. This liberal and enlightened policy is strongly commended to the action of the Legislature.

In regard to further provision for the insane poor, the late Convention approved the recommendations and memorial of the Convention of 1856, urging the building of additional asylums, and again appointed a committee to memorialize the Legislature. The superintendents justly complain of the necessity of crowding the county-houses with chronic lunatics, to be turned over to the pauper and vicious, and without the means of classification, even for the separation of the sexes. Another considerable evil has been forced upon our own notice. It is the attempt, on the part of some of the less intelligent county officers, to treat acute and curable cases of insanity in these receptacles; the result being to render the patients incurable, and to continue them during their lives as a public charge. We hope to see the noble efforts of the great body of superintendents to remove these, and other evils of our charity system meet with the success which they deserve.

RESIGNATION.—Dr. E. H. Van Deusen has resigned the position of First Assistant Physician at the New York State Lunatic Asylum, to enter upon the duties of Superintendent of the new Asylum for the Insane, at Kalamazoo, Mich.

APPOINTMENT.—Dr. Frederick Nash, of New York City, has been appointed an Assistant Physician to the New York State Lunatic Asylum.

BOOKS AND PERIODICALS.

Since our last issue the following publications have been received in exchange, or otherwise.

Traité Spécial d'Hygiène des Familles, particulièrement dans ses rapports avec le mariage au physique et au moral, et les maladies héréditaires: par le Dr. Francis Devay, de Lyon. Deuxième édition. Paris, Labé, 1858.

History of Civilization in England. By Henry Thomas Buckle. Vol. I. From the second London edition. To which is added an alphabetical index. New York: D. Appleton and Company.

Pestilential Diseases, and the laws which govern their propagation. A letter from Elisha Harris, M. D., late Physician-in-chief of the New York Quarantine Hospital, in reply to enquiries addressed by the Quarantine Commissioners. Transmitted to the Legislature by the Governor, March 10, 1858. Albany.

Transactions of the New Hampshire Medical Society, Sixty-eighth anniversary, held at Concord, June 1st and 2d, 1858.

The Dudley Observatory and the Scientific Council. Statement of the Trustees. Albany, 1858.

Physiology, Pathology, and Therapeutics of Muscular Exercise: a paper read before the Cook County Medical Society, and published at their request. By W. H. Byford, M. D., Chicago.

Report of the Medical Superintendent of the Provincial Lunatic Asylum, Toronto, for the year ending 1st March, 1858. Toronto.

The Thirty-fourth Annual Report of the Officers of the Retreat for the Insane at Hartford, Conn. April, 1858.

Sixth Annual Report of the Superintendent of Hamilton County Lunatic Asylum, to the Board of County Commissioners, for the year ending June 7, 1858. Cincinnati, Ohio.

Annual Report of the Resident Physician of Kings County Lunatic Asylum, for the year ending July 31, 1858.

Circular of Faculty of Oglethorpe Medical College, Savannah, Ga., with Catalogue of Students and Graduates. 1858-9.

Annual Announcement of Lectures in the Atlanta Medical College for the session of 1859, with a Catalogue of Matriculates. Atlanta, Ga.

Sixteenth Annual Catalogue and announcement of Lectures of Rush Medical College, for session of 1858-9. Chicago, Ill.

Annual Announcement of the Pennsylvania College of Dental Surgery. Session 1858-9. Philadelphia.

MEDICAL EXCHANGES.

Annales Médico-Psychologiques. Paris. Not received since January, 1858.

Gazette Médicale de Paris. Paris. (Rec'd of Vol. XIII., Nos. 1 to 9, incl.)

Bulletin de L'Académie Impériale de Médecine. Paris. (Rec'd Nos. 10 to 22 inclusive, Vol. XXIII.)

Journal de Médecine et de Chirurgie Pratiques. Paris.

Révue de Thérapeutique Médico-Chirurgicale. Paris.

- The Asylum Journal of Mental Science. London.
Dublin Medical Press. Dublin. (Received irregularly.)
Dublin Quarterly Journal of Medical Science. Dublin.
British and Foreign Medico-Chirurgical Review. London.
London Lancet. American reprint.
New Hampshire Journal of Medicine. Manchester, N. H.
New York Journal of Medicine. New York.
American Medical Monthly. New York. (No. 2, Vol. x., not received.)
American Medical Gazette. New York. (Nos. 3, 5, 8, 9, Vol. xx., not rec'd.)
The Scalpel. New York.
Buffalo Medical Journal. Buffalo, N. Y.
North American Medico-Chirurgical Review. Philadelphia.
Medical and Surgical Reporter. "
American Journal of Medical Sciences. "
Rankins' Half-Yearly Abstract. "
American Journal of Pharmacy. "
Journal of the Franklin Institute. "
Journal of Prison Discipline and Philanthropy. "
The Medical News and Library. "
Virginia Medical Journal. Richmond, Va.
Charleston Medical Journal and Review. Charleston, S. C.
Southern Medical and Surgical Journal. Augusta, Ga.
Atlanta Medical and Surgical Journal. Atlanta, Ga. (No. 1. Vol. III., not received.)
New Orleans Medical and Surgical Journal. New Orleans.
Pacific Medical and Surgical Journal. (Not received since April 1858.)
St. Louis Medical and Surgical Journal. (No. 3, Vol. XVI., not received.)
Iowa Medical Journal. Keokuk, Iowa. (Nos. 1 and 5, Vol. IV. not rec'd.)
Memphis Medical Recorder. (Not received since March, 1858.)
Cincinnati Lancet and Observer. Cincinnati, Ohio.
Nashville Journal of Medicine and Surgery. Nashville, Tenn.
Chicago Medical Journal. Chicago, Ill. (No. 7, Vol. I, not received.)
Peninsular and Independent Medical Journal. Detroit, Mich.
Medical Chronicle. Montreal, Canada.
American Journal of Dental Science. Phil'a. (No. 1, Vol. VIII., not rec'd.)
Dental News Letter. Philadelphia. (No. 1. Vol. XI., not received.)
Oglethorpe Medical and Surgical Journal. Savannah, Ga.
Maine Medical and Surgical Reporter. Portland, Me. (No. 2, Vol. I. not received.)
Boston Medical and Surgical Journal. Boston, Mass. (Rec'd irregularly.)
American Veterinary Journal. Boston, Mass. (No. 8, Vol. III, not rec'd.)
Quarterly Summary of the Transactions of the College of Physicians of Philadelphia.
Southern Journal of Med. and Physical Sciences. Knoxville, Tenn.
Nashville Monthly Record of Medical and Physical Science. Nashville, Tenn.